

The Commonwealth of Massachusetts

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ANNUAL REPORT

OF THE

TRUSTEES

OF THE

BOSTON STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1920

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THE EIGHTIETH ANNUAL REPORT OF THE HOSPITAL  
FOUNDED IN 1839 BY THE CITY OF BOSTON



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# BOSTON STATE HOSPITAL.

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Mrs. KATHERINE G. DEVINE, <i>Secretary</i> ,	. . . . .	Boston.
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— — — — —,	.	.	.	.	.	<i>Chief Medical Officer.</i>
ARTHUR E. PATTRELL, M.D.,	.	.	.	.	.	<i>Executive Officer.</i>
LEWIS M. WALKER, M.D.,	.	.	.	.	.	<i>Medical Officer.</i>
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FRANK J. GALE, M.D.,	.	.	.	.	.	<i>Assistant Executive Officer.</i>
JOHN R. FRANK, M.D.,	.	.	.	.	.	<i>Assistant Medical Officer.</i>
ALVIN MOSES, M.D.,	.	.	.	.	.	<i>Assistant Medical Officer.</i>
— — — — —,	.	.	.	.	.	<i>Assistant Medical Officer.</i>
— — — — —,	.	.	.	.	.	<i>Assistant Medical Officer.</i>
PERCY L. DODGE, M.D.,	.	.	.	.	.	<i>Chief Medical Officer, Out-Patient Service.</i>
CHARLES B. SULLIVAN, M.D.,	.	.	.	.	.	<i>Assistant Medical Officer, Out-Patient Service.</i>
WHITMAN K. COFFIN, M.D.,	.	.	.	.	.	<i>Roentgenologist.</i>
GLADYS L. LOWDEN,	.	.	.	.	.	<i>Chief Psychologist.</i>
HELEN L. MYRICK,	.	.	.	.	.	<i>Chief of Social Service.</i>

# The Commonwealth of Massachusetts

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## TRUSTEES' REPORT.

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*To His Excellency the Governor and the Honorable Council.*

The trustees of the Boston State Hospital have the honor to submit herewith their twelfth annual report.

### MEETINGS AND MEMBERSHIP OF THE BOARD.

The Board has held its usual monthly meetings during the year, and in each month the hospital and psychopathic departments have been visited by a committee in accordance with the law, and a formal report of these visits has been made at the following meeting of the trustees.

In November Mrs. Helen B. Hopkins resigned her membership in this Board to accept an appointment in the newly organized Board of Trustees of the Boston Psychopathic Hospital. The vacancy thus created has been filled by the appointment of Mrs. Edna W. Dreyfus of Brookline.

### PERSONS UNDER THE CARE OF THE TRUSTEES.

On Dec. 1, 1919, there were 1,661 patients in the hospital department, 74 in the psychopathic department, 9 boarded with private families, and 304 on visit or escape, a total of 2,048 persons under the care of the Board. On Nov. 30, 1920, the total number was 2,213, of whom 1,765 were in the hospital department, 64 in the psychopathic department, 10 in private care, and 374 on visit or escape. The total number of patients received in the wards of the psychopathic department during the year was 1,738, while in addition, 1,154 persons came to the out-patient department for advice and treatment.

## CONSTRUCTION AND IMPROVEMENTS.

During the year the male infirmary building, furnishing accommodations for 338 patients, and authorized in 1918, has been completed and is now occupied. The two dining rooms and the nurses' home, authorized in 1919, are rapidly approaching completion.

## IMPROVEMENTS RECOMMENDED.

The trustees have recommended to the Department of Mental Diseases the following additions and improvements, all of which are much needed:—

Administration building and staff quarters, . . . .	\$250,000 00
Superintendent's house, . . . . .	46,000 00
Retaining wall, kitchen building, East Group, . . . .	28,000 00
Addition to refrigerating room, . . . . .	8,000 00
Additional refrigerating machinery, . . . . .	26,500 00
Addition to laundry building, . . . . .	8,500 00
New laundry machinery, . . . . .	12,000 00
Stokers for eight boilers, . . . . .	30,000 00
Extension to sewer, water and steam lines, . . . . .	19,000 00
New watch clock system, West Group, . . . . .	3,500 00
Automatic CO <sub>2</sub> and draft recorders, . . . . .	4,200 00
Addition to garage, . . . . .	3,000 00
Paint shop, . . . . .	7,000 00
Sewer pipe for Canterbury Branch of Stony Brook, . . . .	2,550 00
Portable X-ray machine, . . . . .	1,000 00
Fencing, . . . . .	10,000 00
Pavement in front of power house, . . . . .	10,000 00
New greenhouse, . . . . .	7,600 00
New watch clock system, East Group, . . . . .	2,800 00
Repairs to sewer, West Group, . . . . .	7,500 00

## ESTIMATES FOR MAINTENANCE.

The following are the estimates of the sum needed for maintenance for the ensuing year, based upon the existing salary scale and the data established by the Department of Mental Diseases:—

Personal services, . . . . .	\$339,935 00
Religious instruction, . . . . .	2,080 00
Travel, transportation and office expenses, . . . . .	14,903 00
Food, . . . . .	279,767 90
Clothing and materials, . . . . .	49,111 00
Furnishings and household supplies, . . . . .	67,844 00
Medical and general care, . . . . .	24,253 50
Heat, light and power, . . . . .	170,641 00
Farm, . . . . .	17,755 67
Garage, stable and grounds, . . . . .	8,937 70
Repairs, ordinary, . . . . .	23,619 60
Repairs and renewals, . . . . .	40,905 00
Total, . . . . .	<hr/> \$1,039,753 73

It is expected that the highest per capita cost for materials has now been reached, and that there may be a substantial recession from the prices used in this estimate. It is doubtful, however, whether any lessened expense for salaries and wages is to be expected, since the present scale is not too high for normal conditions. It is higher than pre-war rates, but the Commonwealth has never realized in its expenditure for these institutions the necessity of offering the compensation that would command the personal qualities that are needed if the patients in these hospitals are to receive the care and consideration which should be given to the wards of the State. It is to be hoped that the present scale of salaries and wages may be maintained, and, if necessary, still further increased until the results desired are secured.

#### THE PSYCHOPATHIC DEPARTMENT.

With the conclusion of the year covered by this report, the responsibility for the psychopathic department by this Board of Trustees ceases, as the department becomes an independent institution under the name of the Boston Psychopathic Hospital, and under the administration of a separate board of trustees. The department was authorized in 1909, and the land was secured and the building erected under the supervision of this Board. Since its opening in 1912, the relation to the hospital department has consisted in the common

services which could be carried on economically, and in the direction and management by the superintendent and steward. Otherwise the two departments have been kept separate. The transition to the status of an independent institution has therefore been made without difficulty.

The death of Dr. Elmer E. Southard, for seven years director of this department, took place in New York in February, and the following minute was adopted by this Board:—

The trustees of the Boston State Hospital place on their records this expression of their appreciation of the eminent scientific service which Dr. Elmer E. Southard rendered to the State and especially to the psychopathic department of this hospital, of which he was the director from the beginning. He crowded into a too brief life an immense amount of valuable and productive work. He was an inspirer of men and a keen judge of their latent possibilities. His national reputation brought him in touch with many bright minds, and these young men he permanently influenced by his own enthusiasm and indefatigable and brilliant work in his chosen profession.

#### ADMINISTRATIVE DETAILS.

The details of the history of the year are presented in the reports of the superintendent and other officers which are printed herewith and to which reference may be made.

HENRY LEFAVOUR.  
KATHERINE G. DEVINE.  
JOHN A. KIGGEN.  
WILLIAM F. WHITTEMORE.  
HYMAN B. SWIG.  
CHARLES B. FROTHINGHAM.  
EDNA W. DREYFUS.



## SUPERINTENDENT'S REPORT.

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*To the Board of Trustees of the Boston State Hospital.*

In accordance with the provisions of the statutes, I am submitting for your consideration the report of the superintendent for the statistical year ending September 30, 1920, and the fiscal year ending November 30, 1920. Founded by the city of Boston in 1839, this completes the twelfth year of the history of the institution as a State hospital, and the eighty-first year of its continuous existence as a hospital for mental diseases.

### MOVEMENT OF POPULATION (ENTIRE INSTITUTION).

The census, including the psychopathic department, on Sept. 30, 1919, was as follows: in the wards, men, 764, women, 963, total, 1,727; at home on visit, men, 105, women, 191, total, 296; boarding out, women, 8; and out on escape, men, 8; making a total of 2,039, 877 men and 1,162 women, in the custody of the institution.

One thousand and fourteen men and 965 women, a total of 1,979, were admitted during the year. This included the following: first admissions, men, 788, women, 778, total, 1,566; readmissions, men, 216, women, 173, total, 389; and transfers from other institutions, men, 3, women, 7, total, 10. One thousand four hundred and eighty-three cases, including 772 men and 711 women, were discharged during the year. Fourteen men and 16 women, a total of 30, were transferred to other institutions. One hundred and forty-five men and 132 women, a total of 277, died during the year.

The census of the institution on Sept. 30, 1920, was as follows: in the wards, men, 808, women, 1,038, total, 1,846; at home on visit, men, 139, women, 213, total, 352; boarding out, women, 8; and out on escape, men, 6, women, 2, total, 8; making a total of 2,214, 953 men and 1,261 women, in the custody of the institution.

The total number of cases treated during the year was 4,018.

The average daily number of patients for the year was: men, 924.77, women, 1,199.78, total, 2,124.55. The average daily number in the wards was: men, 793.37, women, 993.23, total, 1,786.60, or 84.09 per cent of the whole number. The average daily number at home on visit was: men, 126.46, women, 195.57, total, 322.03, or 15.15 per cent. The average daily number boarding out was: women, 9.28, or .44 per cent. The average daily number out on escape was: men, 4.94, women, 1.70, total, 6.64, or .32 per cent. The average daily number of committed cases was: men, 760.36, women, 956.52, total, 1,716.88, or 96.10 per cent of the number in the wards. The average daily number of voluntary cases was: men, 15.95, women, 20.48, total, 36.43, or 2.04 per cent. The average daily number of temporary care cases was: men, 17.06, women, 16.23, total, 33.29, or 1.86 per cent. The average daily number under complaint or indictment was: men, 5.19, women, .75, total, 5.94, or .33 per cent. The average daily number of epileptics was: men, 12.22, women, 21.29, total, 23.51, or 1.32 per cent. The average daily number of private cases was: men, 8.75, women, 69.78, total, 78.53, or 4.39 per cent. The average daily number of reimbursing cases was: men, 21.56, women, 106.32, total, 127.88 or 7.78 per cent. There was a daily average of 14.17 deportation cases and 33.44 soldier cases. The average daily number of cases supported by the State was: men, 742.33, women, 790.25, total, 1,532.58, or 85.78 per cent.

The recovery rate, based on the number of first admissions, was 6.32 per cent; based on the total number cared for during the year, 2.46 per cent; and based on the average daily population of the institution, 5.54 per cent.

The death rate, based on the number of first admissions, was 17.69 per cent; based on the total number cared for during the year, 6.89 per cent; and based on the average daily population, 15.50 per cent.

Attention should be called to the fact that the recovery and death rate as shown above are practically without any significance, as they are based on a population which includes a large number of temporary care cases having only a very short



residence in the hospital. The recovery rate is, furthermore, materially lowered by the inclusion of a large number of cases in the psychopathic department without psychoses. The death rate is a very unusual one, owing to the necessity of caring for a large number of senile and infirm cases committed to the Boston State Hospital because their physical condition will not permit of their going to another institution.

Of the first admissions, 298, or 42.94 per cent, were foreign born, and 540, or 77.81 per cent, were of foreign parentage on one or both sides. Two hundred and twenty-eight, or 32.85 per cent, were aliens.

The average age on admission was 43.39; 142, or 20.46 per cent, were sixty years of age or over.

Of the 694 first admissions, exclusive of temporary care, the cause was unascertained or no cause given in 448 cases, or 64.56 per cent. In the 246 cases where a definite cause was assigned, the etiological factors were as follows: alcoholism, 12, or 4.88 per cent; arteriosclerosis, 24, or 9.76 per cent; involutional changes, 8, or 3.25 per cent; traumatism, 2, or .79 per cent; senility, 51, or 20.73 per cent; and syphilis, 66, or 26.84 per cent. There was a family history of mental disease in 61, or 8.71 per cent, and a family history of nervous disease in 23, or 3.31 per cent, of these cases.

The forms of mental disease shown by all first admissions, exclusive of temporary care, briefly summarized, were as follows: senile psychoses, 68, or 9.80 per cent; psychoses with cerebral arteriosclerosis, 54, or 7.78 per cent; general paralysis, 67, or 9.65 per cent; psychoses with other brain or nervous diseases, 12, or 1.80 per cent; alcoholic psychoses, 15, or 2.25 per cent; psychoses with other somatic diseases, 24, or 3.60 per cent; manic-depressive psychoses, 57, or 8.55 per cent; involution melancholia, 11, or 1.65 per cent; dementia præcox, 163, or 24.45 per cent; paranoia or paranoid conditions, 31, or 4.65 per cent; epileptic psychoses, 11, or 1.65 per cent; psychoneuroses and neuroses, 12, or 1.80 per cent; psychoses with mental deficiency, 7, or 1.05 per cent; undiagnosed psychoses, 47, or 7.05 per cent; various other psychoses amounting to less than 1 per cent; and without psychosis, 99, or 14.85 per cent. Attention should be called to the fact that the relative frequency of the various psychoses as indicated by

the percentages shown above is of comparatively little significance, owing to the fact that the total number includes 14.85 per cent without psychosis.

The forms of mental disease shown by the readmissions, exclusive of temporary care, briefly summarized, were as follows: senile psychoses, 3, or 1.41 per cent; psychoses with cerebral arteriosclerosis, 10, or 4.70 per cent; general paralysis, 12, or 5.64 per cent; psychoses with cerebral syphilis, 3, or 1.41 per cent; alcoholic psychoses, 4, or 1.88 per cent; manic-depressive psychoses, 39, or 18.33 per cent; involution melancholia, 6, or 2.82 per cent; dementia præcox, 62, or 29.14 per cent; paranoia or paranoid conditions, 8, or 3.76 per cent; psychoneuroses and neuroses, 7, or 3.29 per cent; psychoses with psychopathic personality, 4, or 1.88 per cent; psychoses with mental deficiency, 8, or 3.76 per cent; undiagnosed psychoses, 13, or 6.11 per cent; various other psychoses less than 1 per cent; and without psychosis, 28, or 13.16 per cent.

The psychoses represented by the cases discharged, exclusive of temporary care, during the year were as follows: senile psychoses, 13, or 2.72 per cent; psychoses with cerebral arteriosclerosis, 13, or 2.72 per cent; general paralysis, 18, or 3.78 per cent; psychoses with cerebral syphilis, 5, or 1.05 per cent; alcoholic psychoses, 28, or 5.88 per cent; psychoses with other somatic diseases, 16, or 3.36 per cent; manic-depressive psychoses, 80, or 16.80 per cent; involution melancholia, 10, or 2.10 per cent; dementia præcox, 90, or 18.90 per cent; paranoia or paranoid conditions, 17, or 3.57 per cent; epileptic psychoses, 5, or 1.05 per cent; psychoneuroses or neuroses, 23, or 4.83 per cent; psychoses with psychopathic personality, 5, or 1.05 per cent; psychoses with mental deficiency, 7, or 1.47 per cent; undiagnosed psychoses, 30, or 6.30 per cent; various other psychoses amounting to less than 1 per cent; and without psychosis, 109, or 22.80 per cent.

The total number of discharges, exclusive of temporary care, during the year was 478. Of this number, 67, or 14.02 per cent, were discharged as recovered; 164, or 34.31 per cent, as improved; 121, or 25.31 per cent, as unimproved; and 126, or 26.36 per cent, as without psychosis. Of the 67 recovered cases, 42, or 62.70 per cent, were cases of manic-depressive

psychoses; 11, or 16.42 per cent, alcoholic psychoses; 8, or 12 per cent, psychoses with other somatic diseases; and 2, or 3 per cent, involution melancholia. Of the 164 discharged as improved, 45, or 27.44 per cent, were cases of dementia præcox; 28, or 17.07 per cent, manic-depressive psychoses; 16, or 9.75 per cent, alcoholic psychoses; 6, or 3.66 per cent, involution melancholia; and 11, or 6.71 per cent, psychoneuroses or neuroses. Of the 121 discharged as unimproved, 44, or 36.36 per cent, were cases of dementia præcox; 7, or 5.78 per cent, senile psychoses; 8, or 6.61 per cent, paranoia or paranoid conditions; 8, or 6.61 per cent, psychoses with cerebral arteriosclerosis; and 10, or 8.26 per cent, manic-depressive psychoses.

The principal causes of death were as follows: erysipelas, 4, or 1.64 per cent; tuberculosis of the lungs, 20, or 8.20 per cent; other forms of tuberculosis, 4, or 1.64 per cent; cancer, 8, or 3.28 per cent; cerebral hemorrhage, 8, or 3.28 per cent; general paralysis of the insane, 26, or 10.66 per cent; chronic myocarditis, 17, or 6.96 per cent; arteriosclerosis, 20, or 8.20 per cent; other diseases of the arteries, 5, or 2.05 per cent; other diseases of the circulatory system, 4, or 1.64 per cent; broncho pneumonia, 54, or 22.14 per cent; lobar pneumonia, 12, or 4.92 per cent; diarrhœa and enteritis, 4, or 1.64 per cent; other diseases of the intestines, 10, or 4.10 per cent; chronic nephritis, 8, or 3.28 per cent; other diseases of the kidneys and adnexa, 6, or 2.46 per cent; and diseases of the bladder, 4, or 1.64 per cent.

The psychoses represented by deaths occurring during the year were as follows: senile psychoses, 47, or 19.26 per cent; psychoses with cerebral arteriosclerosis, 45, or 18.45 per cent; general paralysis, 56, or 22.95 per cent; psychoses with cerebral syphilis, 5, or 2.05 per cent; psychoses with Huntington's chorea, 3, or 1.23 per cent; psychoses with brain tumor, 3, or 1.23 per cent; alcoholic psychoses, 10, or 4.10 per cent; psychoses with other somatic diseases, 11, or 4.50 per cent; manic-depressive psychoses, 19, or 7.79 per cent; involution melancholia, 11, or 4.50 per cent; dementia præcox, 20, or 8.20 per cent; paranoia or paranoid conditions, 5, or 2.05 per cent; undiagnosed psychoses, 3, or 1.23 per cent; and various other psychoses amounting to less than 1 per cent.

## FINANCIAL STATEMENT.

The appropriation for the maintenance of the institution for the fiscal year ending Nov. 30, 1920, was \$798,100. The total amount available, including funds carried over from the year before, was \$863,902.75. The maintenance expenditures for the year were as follows:—

	Amount expended.	Per Capita.	Percentage of Total.
Personal services, . . . . .	\$315,072 51	\$173 72	36.86
Travel, transportation, and office expenses, . .	14,163 94	7 81	1.65
Food, . . . . .	247,573 07	136 50	28.97
Religious instruction, . . . . .	1,773 33	98	.21
Clothing and materials, . . . . .	32,233 64	17 77	3.77
Furnishings and household supplies, . . . .	58,978 32	32 52	6.90
Medical and general care, . . . . .	20,376 51	11 23	2.39
Heat, light, and power, . . . . .	114,575 61	63 17	13.41
Farm and stable, . . . . .	12,232 94	6 74	1.43
Grounds, . . . . .	13,084 35	7 22	1.53
Repairs, ordinary, . . . . .	22,638 61	12 48	2.65
Repairs and renewals, . . . . .	1,986 18	1 10	.23
Total, . . . . .	\$854,689 01	\$471 24	100.00

The maintenance expenditures for the hospital department for the year are shown on page 39; the expenditures for the psychopathic department are shown on page 87. Based on the average daily population of the institution for the year, 1,813.69, the per capita cost for 1920 was \$471.24, or \$9.06 per week. The per capita cost of the hospital department for the year is shown on page 39, and the per capita cost of the psychopathic department on page 88.

It is hardly necessary to suggest that for purposes of comparison with other hospitals the expenditures of the institution must be analyzed separately by departments. The cost of maintaining a psychopathic department is out of all proportion to the maintenance costs necessary for the operation of an institution conducted exclusively along ordinary State hospital lines. For the same reason, it is obvious that if the cost of



maintaining the Boston State Hospital is to be compared with the other institutions under the jurisdiction of the Department of Mental Diseases, the cost of operating the psychopathic department should be eliminated.

Attention is called to the fact that the preceding statistical and financial statements relate to the institution as a whole. A report of the operations of the Boston State Hospital by departments will be made separately under the following headings: I. The Hospital; II. The Psychopathic Department.

## I. THE HOSPITAL.

### MOVEMENT OF POPULATION.

The census of the hospital department on Sept. 30, 1919, was as follows: in the wards, men, 719, women, 929, total, 1,648; at home on visit, men, 76, women, 147, total, 223; boarding out, women, 8; and out on escape, men, 8; making a total of 1,187 in the custody of the hospital department.

Two hundred and fifty-one men and 310 women, a total of 561, were admitted during the year. This included the following: first admissions, men, 48, women, 109, total, 157; re-admissions, men, 20, women, 25, total, 45; received from the psychopathic department, men, 180, women, 170, total, 350; and transferred from other institutions, men, 3, women, 6, total, 9. One hundred and eighty-seven cases, including 72 men and 115 women, were discharged during the year. One man was transferred to the psychopathic department, and 11 men and 10 women, a total of 21, were transferred to other institutions. One hundred and sixteen men and 107 women, a total of 223, died during the year.

The census on Sept. 30, 1920, was as follows: in the wards, men, 767, women, 996, total, 1,763; at home on visit, men, 81, women, 156, total, 237; boarding out, women, 8; and out on escape, men, 6, women, 2, total, 8; making a total of 2,016, 854 men and 1,162 women, in the custody of the hospital department.

The total number of cases treated during the year was 2,448, 1,054 men and 1,394 women.

The average daily number of patients for the year was: men, 839.90, women, 1,112.69, total, 1,952.59. The average

daily number in the wards was: men, 751.95, women, 949.39, total, 1,701.34, or 87.13 per cent of the whole number. The average daily number at home on visit was: men, 83.02, women, 152.32, total, 235.34, or 12.05 per cent. The average daily number boarding out was: women, 9.28, or .48 per cent. The average daily number out on escape was: men, 4.93, women, 1.70, total, 6.63, or .34 per cent. The average daily number of committed cases was: men, 742.52, women, 938.16, total, 1,680.68, or 98.79 per cent of the number in the wards. The average daily number of voluntary cases was: men, 9.43, women, 11.23, total, 20.66, or 1.22 per cent. The average daily number of emergency cases was: men, 0, women, .08, total, .08, or .004 per cent. The average daily number of cases under complaint or indictment was: men, 3.63, women, .38, total, 4.01, or .23 per cent. The average daily number of epileptics was: men, 11.50, women, 10.80, total, 22.30, or 1.31 per cent.

The recovery rate, based on the number of first admissions, was 38.86 per cent; based on the total number cared for during the year, 2.5 per cent; and based on the average daily number in the wards, 3.59 per cent.

The death rate, based on the total number cared for during the year, was 9.11 per cent; and based on the average daily number in the wards, 13.11 per cent. The death rate of the hospital is unusually large when compared with that of other institutions of a similar character, as nearly 30 per cent of the population is of the infirmary type, and 10 per cent represents actual bed cases. This is due to the fact that the acutely ill, the senile and the infirm cases from the city cannot be readily transported to distant institutions and are therefore committed to the Boston State Hospital. It is obvious that for the same reason too much significance should not be attached to the recovery rate.

Of the first admissions, 78, or 49.68 per cent, were foreign born, and 129, or 82.16 per cent, were of foreign parentage on one or both sides. Thirty-eight, or 24.2 per cent, were aliens.

The average age on admission was 56.69; 77, or 49 per cent, were sixty years of age or over, and 48, or 30.6 per cent, were seventy years of age or over.

Of the first admissions, 48 men and 106 women, a total of 154, or 98.08 per cent, were committed under the provisions of section 30 of chapter 504 of the Acts of 1909; 1 woman, or .64 per cent, was a voluntary case, admitted under the provisions of section 45 of chapter 504 of the Acts of 1909; 2 women, or 1.28 per cent, were emergency cases, admitted under the provisions of section 42 of chapter 504 of the Acts of 1909; and no persons held under complaint or indictment were committed under the provisions of chapter 46 of the General Acts of 1917.

One hundred and fifty-four committed cases (section 30, chapter 504, Acts of 1909) were admitted during the year. Two hundred cases were discharged, of which 59, or 29.5 per cent, were discharged as recovered; 92, or 46 per cent, as improved; 25, or 12.5 per cent, as unimproved; 3, or 1.5 per cent, as without psychosis; and 21, or 10.50 per cent, were transferred to other institutions for the insane.

One voluntary case (section 45, chapter 504, Acts of 1909) was admitted during the year. Seven cases were discharged, of which 2, or 28.57 per cent, were discharged as recovered; 3, or 42.86 per cent, as improved; and 2, or 28.57 per cent, as unimproved.

Two emergency cases (section 42, chapter 504, Acts of 1909) were admitted during the year. Both of these cases were committed within a few days and are still in the institution.

Of the 157 first admissions, the cause was unascertained or no cause given in 58 cases, or 36.94 per cent. In the 99 cases where a definite cause was assigned the etiological factors were as follows: senility, 27, or 27.27 per cent; arteriosclerosis, 17, or 17.17 per cent; syphilis, 13, or 13.13 per cent; alcoholism and involutional changes, each, 6, or 6.06 per cent; and traumatism, 1, or 1.01 per cent. There was a family history of mental disease in 29, or 18.47 per cent, and a family history of nervous diseases in 16, or 10.19 per cent of the first admissions.

The forms of mental disease shown by the first admissions briefly summarized were as follows: senile psychoses, 44, or 28.02 per cent; psychoses with cerebral arteriosclerosis, 29, or 18.47 per cent; general paralysis, 13, or 8.28 per cent;

alcoholic psychoses, 4, or 2.54 per cent; psychoses with other somatic diseases, 6, or 3.81 per cent; manic-depressive psychoses, 10, or 6.36 per cent; involution melancholia, 2, or 1.27 per cent; dementia præcox, 21, or 13.37 per cent; paranoia or paranoid condition, 13, or 8.28 per cent; epileptic psychoses, 2, or 1.27 per cent; psychoses with mental deficiency, 4, or 2.54 per cent; undiagnosed psychoses, 3, or 1.91 per cent; and all other psychoses 1 per cent or less. All of these were committed cases (section 30, chapter 504, Acts of 1909) with the exception of one voluntary admission (section 45, chapter 504, Acts of 1909), psychosis with cerebral arteriosclerosis; and two emergency commitments (section 42, chapter 504, Acts of 1909), the psychoses of which were manic-depressive psychosis and paranoia or paranoid condition, respectively. The psychoses of all first admissions are shown in Table No. 6, on page 105.

The forms of mental disease shown by the readmissions briefly summarized were as follows: psychoses with cerebral arteriosclerosis, 7, or 15.54 per cent; manic-depressive psychoses, 11, or 24.42 per cent; involution melancholia, 2, or 4.44 per cent; dementia præcox, 11, or 24.42 per cent; paranoia or paranoid condition, 2, or 4.44 per cent; psychoses with psychopathic personality, 2, or 4.44 per cent; psychoses with mental deficiency, 5, or 11.10 per cent; and all other psychoses 1 per cent or less.

Of these readmissions, one was an emergency commitment (section 42, chapter 504, Acts of 1909) with manic-depressive psychosis, depressive type; and five were voluntary admissions (section 45, chapter 504, Acts of 1909) with the following psychoses: manic-depressive, depressive type, 3; psychosis with cerebral syphilis, 1; and psychosis with psychopathic personality, 1. The remaining 39 readmissions were all committed in accordance with section 30, chapter 504, Acts of 1909.

The forms of mental disease shown by the 351 cases received from the psychopathic department were as follows: senile, 19, or 5.41 per cent; psychoses with cerebral arteriosclerosis, 19, or 5.41 per cent; general paralysis, 48, or 13.68 per cent,



alcoholic psychoses, 12, or 3.42 per cent; psychoses with somatic diseases, 5, or 1.42 per cent; manic-depressive psychoses, 62, or 17.66 per cent; involution melancholia, 8, or 2.28 per cent; dementia præcox, 137, or 39.03 per cent, paranoia or paranoid condition, 14, or 3.98 per cent; psychoses with psychopathic personality, 4, or 1.14 per cent; psychoses with mental deficiency, 8, or 2.28 per cent; undiagnosed psychoses, 4, or 1.14 per cent, and all other psychoses 1 per cent or less.

The psychoses represented by the cases discharged from the hospital department during the year were as follows: traumatic psychoses, 3, or 1.60 per cent; senile psychoses, 7, or 3.73 per cent; psychoses with cerebral arteriosclerosis, 6, or 3.20 per cent; general paralysis, 4, or 2.13 per cent; psychoses with cerebral syphilis, 3, or 1.60 per cent; alcoholic psychoses, 22, or 11.71 per cent; psychoses with other somatic diseases, 9, or 4.80 per cent; manic-depressive psychoses, 54, or 28.80 per cent; involution melancholia, 8, or 4.26 per cent; dementia præcox, 43, or 23 per cent; paranoia or paranoid condition, 8, or 4.26 per cent; psychoneuroses and neuroses, 6, or 3.20 per cent; psychoses with psychopathic personality, 4, or 2.13 per cent; psychoses with mental deficiency, 2, or 1.06 per cent; undiagnosed psychoses, 2, or 1.06 per cent; without psychosis, 4, or 2.13 per cent; and all other psychoses 1 per cent or less.

The total number of cases discharged during the year was 187. Of this number, 61, or 32.61 per cent, were discharged as recovered; 95, or 50.81 per cent, as improved; 27, or 14.44 per cent, as unimproved; and 4, or 2.13 per cent, as without psychosis. Of the 61 recovered cases, 41, or 67.21 per cent, were cases of manic-depressive psychoses; 11, or 18.03 per cent, alcoholic psychoses; 7, or 11.47 per cent, psychoses with other somatic diseases; and 2, or 3.28 per cent, involution melancholia. Of the 95 cases discharged as improved, 30, or 31.58 per cent, were cases of dementia præcox; 15, or 15.79 per cent, manic-depressive psychoses; 11, or 11.58 per cent, alcoholic psychoses; 6, or 6.32 per cent, involution melancholia; and 6, or 6.32 per cent, psychoneuroses or neuroses. Of the

27 cases discharged as unimproved, 12, or 44.44 per cent, were cases of dementia præcox; 4, or 14.81 per cent, senile psychoses; 4, or 14.81 per cent, paranoia or paranoid condition; and 3, or 11.11 per cent, psychoses with cerebral arteriosclerosis.

Of the 223 deaths occurring during the year, 115, or 51.57 per cent, represented cases dying at the age of sixty or over. In 70 cases, or 31.39 per cent, death occurred at the age of seventy or over.

The principal causes of death during the year were as follows: tuberculosis of the lungs, 19, or 8.52 per cent; cancer, 7, or 3.14 per cent; cerebral hemorrhage, 8, or 3.58 per cent; general paralysis of the insane, 24, or 10.74 per cent; chronic myocarditis, 15, or 6.72 per cent; arteriosclerosis, 19, or 8.52 per cent; bronchopneumonia, 49, or 21.97 per cent; lobar pneumonia, 10, or 4.48 per cent; diarrhœa and enteritis, 4, or 1.79 per cent; other diseases of the intestines, 10, or 4.48 per cent; chronic nephritis, 6, or 2.68 per cent; and other diseases of the kidneys and adnexa, 6, or 2.68 per cent. There was one death from influenza during the year.

The psychoses represented by deaths occurring in the hospital department during the year were as follows: senile psychoses, 45, or 20.17 per cent; psychoses with cerebral arteriosclerosis, 44, or 19.69 per cent; general paralysis, 52, or 23.32 per cent; psychoses with cerebral syphilis, 5, or 2.25 per cent; psychoses with Huntington's chorea, 3, or 1.34 per cent; alcoholic psychoses, 10, or 4.48 per cent; dementia præcox, 19, or 8.52 per cent; paranoia or paranoid condition, 5, or 2.25 per cent; and all other psychoses 1 per cent or less. Of the 45 cases of senile psychoses dying in the hospital during the year, 8, or 17.77 per cent, were due to bronchopneumonia. Of the 44 cases of arteriosclerotic psychoses death was due in 10, or 22.73 per cent, to bronchopneumonia, and in 11, or 25 per cent, death was attributed directly to arteriosclerosis. Of the 52 cases of general paralysis, 19, or 36.54 per cent, were reported as dying from bronchopneumonia, and in 24, or 46.15 per cent, general paralysis of the insane was given as the cause of death. Of the 19 cases of dementia præcox death was due in 8, or 42.10 per cent, to pulmonary

tuberculosis, and in 2, or 10.52 per cent, to bronchopneumonia. Of the 10 cases of involution melancholia, the cause of death was reported as pulmonary tuberculosis in 4, or 40 per cent, and of the 17 cases of manic-depressive psychoses, this cause was given in 3, or 17.65 per cent.

Of the 223 patients dying in the hospital during the year the total duration of hospital residence was as follows: one year or less, 99, or 44.40 per cent; one to two years, 41, or 18.39 per cent; two to three years, 15, or 6.72 per cent; three to four years, 16, or 7.17 per cent; four to five years, 8, or 3.58 per cent; five to six years, 10, or 4.48 per cent; six to seven years, 6, or 2.68 per cent; seven to eight years, 7, or 3.13 per cent; eight to nine years, 4, or 1.79 per cent; nine to ten years, 4, or 1.79 per cent; ten to fifteen years, 8, or 3.58 per cent; fifteen to twenty years, 2, or .89 per cent; over twenty years, 3, or 1.34 per cent. One woman, a case of manic-depressive psychosis, circular type, had a hospital residence of over twenty-five years, and two cases of dementia præcox, both male, had a hospital residence of over thirty and over fifty-three years, respectively. The average duration of hospital residence of the cases dying in the hospital during the year was three years, six months and twenty days. The psychoses showing the longest hospital residence were as follows: dementia præcox, nineteen, thirty and fifty-three years; manic-depressive psychoses, twelve and twenty-five years; psychosis with Huntington's chorea, sixteen years; involution melancholia, eleven and fourteen years; general paralysis and psychosis with cerebral syphilis, each eleven years; paranoia or paranoid condition, ten years; alcoholic psychoses, nine and thirteen years; senile psychoses and psychoses with cerebral arteriosclerosis, nine years each.

The following general statistical information relating to the ward service should be of interest: —

	Males.	Females.	Totals.	Percentage.
Average daily population, . . .	751.95	949.39	1,701.34	100.00
In bed, . . . . .	63.60	85.30	148.90	8.75
In restraint, . . . . .	3.70	2.46	6.16	.36
In seclusion, . . . . .	6.29	6.68	12.97	.76
Eating in dining rooms, . . .	656.66	747.50	1,404.16	82.53
Eating in the wards, . . . .	95.29	201.89	297.18	17.47
Fed by nurses, . . . . .	17.18	30.51	47.69	2.80
Idle, . . . . .	348.63	525.62	874.25	51.39
Employed, . . . . .	403.32	423.77	827.09	48.61
Parole of grounds, . . . . .	144.18	66.86	211.04	12.40
Out for exercise, . . . . .	495.37	407.70	903.07	53.08
Noisy, . . . . .	40.59	99.96	140.55	8.26
Violent, . . . . .	3.41	25.04	28.45	1.67
Destructive, . . . . .	10.11	37.16	47.27	2.78
Soiled or wet, . . . . .	66.46	97.93	164.39	9.66
Taking medicine, . . . . .	17.47	36.04	53.51	3.15
Infirm, . . . . .	225.47	245.67	471.14	27.69

The percentages shown in the above table represent the average daily number in each instance for the entire year, thus: the average daily number of patients in bed was 148.90, or 8.75 per cent of the average daily population, and the average daily number out for exercise was 903.07, or 53.08 per cent of the average daily population. The table shows an unusually large percentage of our population to consist of bed cases. As has already been explained, this is largely due to the fact that the senile and infirm cases cannot readily be removed to institutions outside of the metropolitan district, and come to the Boston State Hospital. The hospital has, for this reason, an infirmary class approximating 30 per cent of the total number of cases cared for. The number of patients in restraint and seclusion, as shown by the above table, is exceedingly small, although larger than the percentages shown for the preceding year, owing to the fact that there has been such an unfortunate shortage of nurses and attendants. If the percentage of infirm cases is eliminated (and this, of course, includes the bed patients), the average daily number going out for exercise must be looked upon as quite large. The average



daily number of noisy patients is of considerable interest. The number of patients actually violent is not at all consistent with the popular ideas regarding institutions of this type. The number of patients actually employed in useful occupations should not be looked upon as small if the percentage of bed cases is taken into consideration. The number actually taking medicine would be considerably smaller if it were not for the senile and infirm population.

#### GENERAL HEALTH OF THE HOSPITAL.

The general health of the hospital has been good during the year. There was a mild epidemic of influenza during the winter months, which did not compare in severity in any way with the epidemic of the previous year. During the winter of 1918-19, as has been shown by previous reports, there was a total of 340 cases of influenza, with 28 deaths in all. There was a recurrence of this disease during the early months of 1920, the first case occurring on February 26. A total of 30 patients and 8 employees were diagnosed as suffering with influenza, and two patients died after developing pneumonia. There were no other deaths. All of the cases were in the East Group.

In February one female patient and two nurses in the East Group developed scarlet fever. These cases were all sent to the contagious wards of the Boston City Hospital and made good recoveries. We were fortunate enough to be able to prevent any epidemic.

There was a small series of very mild cases of dysentery, all confined to the West Group and occurring in building B, which is an infirmary. There were 42 cases without any deaths or serious complications. It was impossible to ascertain the cause of infection. Practically all of the patients affected were advanced senile cases. It will be recalled that there was a mild epidemic of the same variety in both groups during the previous year, which was investigated very thoroughly by Drs. Rosenau and Sisco of the Harvard Medical School. It was impossible, however, to obtain any information which would throw any light on the cause of the epidemic.

There was the usual number of minor accidents and injuries

in the wards of the hospital during the year. All of these were thoroughly investigated and reported in the usual manner to the Board of Trustees and the Department of Mental Diseases.

The number of deaths occurring during the year is shown on page 121, and the autopsy rate is shown in the report of the pathological work done during the year.

#### EMPLOYEES.

The difficulty of obtaining an adequate force of employees in the hospital department unfortunately continues, with no prospect of improvement at the present time. On Sept. 30, 1919, there were 324 employees in the hospital department. During the year 682 were appointed, 649 resigned and 37 were discharged. Ten hundred and six persons occupied 380 positions, — a rotation of 2.65. This difficulty cannot be entirely ascribed to the rate of wages paid. A new schedule, as agreed upon by the Department of Mental Diseases and the Supervisor of Administration, became operative on June 1, 1920, providing for a liberal increase all along the line. Curiously enough, this resulted in little, if any, improvement. As a matter of fact, the percentage of shortage is greater for this year than it was last. It is difficult to determine exactly why this should be the case. The wages paid in the city of Boston have, of course, been increasing constantly, and positions in the hospital have certainly not been attractive from a financial point of view. For some reason, the number of persons applying for admission to the training school for nurses is decreasing. This is not due to the fact that applicants do not find training in hospitals for mental diseases less attractive than formerly. The general hospitals have been having as much difficulty in keeping up the standards of their nursing service as we have. Clerks, stenographers, waitresses, domestics, engineers, firemen and mechanics generally are paid a much higher rate of wages in the city of Boston than we can offer them in the State hospital service. It is also true that persons of the type applying formerly for employment in State hospitals are now turning largely to the more attractive pay and shorter hours offered them in the large manufacturing

establishments. If we are to have a full force of employees we must pay even higher wages than those authorized in the new schedule. The average daily number of employees during the year was 305.30, with 15.71 per cent of vacancies. The average daily number in the ward service was 161.96, with 22.17 per cent of vacancies. This reduction in the nursing service has affected the standard of care in the wards. It has not been possible to employ as many patients as have been occupied heretofore; more restraint and seclusion has naturally been necessary; and lack of supervision has resulted in a considerable increase in the destruction of clothing and ward linen in the violent wards. We have had considerable difficulty in handling the number of visitors calling at the hospital to see their relatives and friends. The total number of visits made to the patients at the hospital department during the last year was 51,294. The decreased number of nurses has undoubtedly been a material factor in increasing the number of accidents, injuries and escapes. One of the things that has made it difficult to maintain an adequate force of employees is our inability to furnish comfortable living quarters. The occupancy of the new nurses' home in the East Group will remedy this situation to a certain extent. We are still badly in need of quarters for employees working outside. The old farmhouse in the West Group should be torn down and replaced as soon as possible, as it has been difficult for us to induce our farm employees to live in it.

The shortage of staff quarters is also a serious matter which should be remedied as soon as the cost of construction will permit.

#### THE MEDICAL SERVICE.

Dr. Dora W. Faxon, a senior assistant physician, was granted leave of absence on June 1, on account of ill health. Dr. Charles J. Bolton of Somerville, who served at the hospital some years since, was reappointed to the position of assistant physician on Jan. 15, 1920. Dr. Leo T. Kewer of Waverley, was appointed assistant physician on Feb. 1, 1920. Dr. Kewer was graduated from Tufts College Medical School in 1913, and spent four years in the Medical Corps of the army during the war as a member of the Harvard Surgical Unit. Dr.

Oscar J. Raeder, assistant pathologist to the Department of Mental Diseases, who has acted as pathologist at the hospital for some time, resigned in March, 1920. Dr. Geneva Tryon was appointed senior assistant physician on July 1, 1920. Dr. Tryon was a member of the staff of the Pontiac State Hospital, Pontiac, Mich., at the time of her appointment here. Dr. Arthur W. Hicks, who has been resident dentist at the hospital since Nov. 1, 1919, resigned on Oct. 2, 1920. On Nov. 26, 1920, Dr. Lawrence H. Stone was appointed to fill this vacancy. Dr. Ralph W. Hatch was appointed consulting ophthalmologist on Nov. 15, 1920, and on the same date Dr. Fred A. Simmons was appointed consulting laryngologist, rhinologist and otologist. Dr. John C. Lindsay was appointed senior assistant physician, and Dr. Marie C. S. Lindsay assistant physician, to take effect Dec. 1, 1920. Both of these physicians were formerly on the staff of the Worcester State Hospital.

The work of the out-patient department of the hospital includes the supervision of patients in family care, those at home on visit, the after care of cases discharged from the custody of the hospital, and medical advice given to numerous persons who visit the hospital for the purpose of consulting members of the staff on matters pertaining to their own welfare or that of their family or relatives. The patients who have been allowed to go home on visit, or who have left the hospital temporarily for family care, are visited at frequent intervals by the social service workers of the hospital. Patients who are at home on visit are also required to present themselves at the hospital at regular intervals for observation. Considerable supervision is also given to former patients who have been discharged but who are kept under observation by the social workers and the physicians. Some cases appearing for consultation are accepted as voluntary patients. Others are referred to their family physicians or to the psychopathic department. The following is a report of the movement of population of patients under the supervision of the out-patient department: —



	Males.	Females.	Totals.
In family care Sept. 30, 1919, . . . . .	—	8	8
On escape Sept. 30, 1919, . . . . .	8	—	8
On visit Sept. 30, 1919, . . . . .	76	147	223
Dismissed to family care during the year, . . . . .	—	7	7
Dismissed on visit during the year, . . . . .	988	789	1,777
Escaped during the year, . . . . .	38	5	43
Admitted from family care, . . . . .	—	7	7
Admitted from escape, . . . . .	33	3	36
Admitted from visit, . . . . .	926	673	1,599
Admitted from family care and discharged, . . . . .	—	—	—
Admitted from visit and discharged, . . . . .	57	107	164
Admitted from escape and discharged, . . . . .	7	—	7
In family care Sept. 30, 1920, . . . . .	—	8	8
On escape Sept. 30, 1920, . . . . .	6	2	8
On visit Sept. 30, 1920, . . . . .	81	156	237

The following is a summary of the social service work done during the year under the direction of Miss Marie L. Donohoe: —

	Males.	Females.	Totals.
Total number of cases considered during the year: —	293	402	695
(a) New cases, . . . . .	185	234	419
(b) Renewed cases, . . . . .	34	77	111
(c) Continued cases, . . . . .	52	86	138
(d) Outside cases, . . . . .	3	4	7
(e) Cases carried upon which no work was done, . . . . .	19	1	20
Sources of new cases: —			
(a) Referred by physicians, . . . . .	71	135	206
(b) Referred by other agencies, . . . . .	44	32	76
(c) Referred by relatives or friends, . . . . .	2	1	3
(d) Referred by patients' own initiative, . . . . .	3	5	8
(e) Selected by social worker, . . . . .	64	61	125
Total, . . . . .	185	234	419
Purposes for which new cases were referred: —			
(a) Medical history, . . . . .	36	76	112
(b) Social history, . . . . .	55	59	114
(c) Investigation of home conditions, . . . . .	28	49	77
(d) Special investigation, . . . . .	17	33	50
(e) Supervision while at home (general), . . . . .	45	61	106
(f) Supervision while at home (special), . . . . .	2	7	9
(g) Employment, . . . . .	—	—	—
(h) Family assistance, . . . . .	48	83	131
(i) Follow-up work, . . . . .	10	10	20
(j) Family care department, . . . . .	2	13	15
(k) Miscellaneous: —			
To locate and interest relatives, . . . . .	4	4	8
To care for property and effects, . . . . .	1	21	22
To procure interpreter, . . . . .	1	2	3
For psychological test, . . . . .	10	10	20
Soldier cases: —			
Compensation, insurance, vocational training, etc., . . . . .	62	—	62

	Males.	Females.	Totals.
Medical diagnoses of new cases:—			
1. Traumatic psychoses, . . . . .	—	—	—
2. Senile psychoses, . . . . .	8	16	24
3. Psychoses with cerebral arteriosclerosis, . . . . .	10	7	17
4. General paralysis, . . . . .	18	6	24
5. Psychoses with cerebral syphilis, . . . . .	2	1	3
6. Psychoses with Huntington's chorea, . . . . .	—	1	1
7. Psychoses with brain tumor, . . . . .	1	—	1
8. Psychoses with other brain or nervous diseases, . . . . .	—	1	1
9. Alcoholic psychoses, . . . . .	26	14	40
10. Psychoses due to drugs and other exogenous toxins, . . . . .	2	—	2
11. Psychoses with pellagra, . . . . .	—	—	—
12. Psychoses with other somatic diseases, . . . . .	2	12	14
13. Manic-depressive psychoses, . . . . .	17	50	67
14. Involution melancholia, . . . . .	4	9	13
15. Dementia præcox, . . . . .	59	84	143
16. Paranoia or paranoid conditions, . . . . .	13	17	30
17. Epileptic psychoses, . . . . .	—	—	—
18. Psychoneuroses and neuroses, . . . . .	4	2	6
19. Psychoses with psychopathic personality, . . . . .	8	5	13
20. Psychoses with mental deficiency, . . . . .	7	4	11
21. Undiagnosed psychoses, . . . . .	4	5	9
22. Without psychosis, . . . . .	—	—	—
Total, . . . . .	185	234	419
Social problems in all cases:—			
(a) Disease:—			
Mental, . . . . .	81	165	246
Physical, . . . . .	21	34	55
(b) Poverty, . . . . .	26	38	64
(c) Environmental problems, . . . . .	36	59	95
(d) Moral problems, . . . . .	16	11	27
Sex problems, . . . . .	4	21	25
(e) Educational problems, . . . . .	14	50	64
Illiteracy, . . . . .	3	6	9
(f) Employment problems, . . . . .	32	41	73
(g) Family problems, . . . . .	19	50	69
(h) Legal problems, . . . . .	41	7	48
(i) Criminality, . . . . .	2	4	6
(j) Unclassed, . . . . .	45	73	118
(k) No social problems known, . . . . .	29	61	90
Nature of service rendered in all cases:—			
Medical and social histories, . . . . .	40	86	126
Social investigations, . . . . .	56	58	114
Home investigations, . . . . .	31	59	90
Arrangements made for readjustment:—			
Home, . . . . .	24	47	71
Work, . . . . .	13	19	32
Recreation, . . . . .	—	2	2
Church, . . . . .	—	1	1
Legal aid, . . . . .	32	4	36
Advice to patients, . . . . .	27	85	112
Advice to relatives, . . . . .	27	41	68
Family work, . . . . .	22	49	71
No social service rendered, . . . . .	30	69	99
Total number of visits, . . . . .	313	827	1,140
To patients on ward, . . . . .	40	125	165
To patients in community, . . . . .	131	397	528
To relatives and friends of patients, . . . . .	86	182	268
To other agencies, . . . . .	56	123	179
Boarding patients:—			
Visits to boarding patients, . . . . .	—	69	69
Patients placed during the year, . . . . .	—	5	5
Patients replaced during the year, . . . . .	—	2	2
Patients returned during the year, . . . . .	—	6	6
Boarding homes investigated, . . . . .	—	14	14
Disposition of social service cases:—			
Cases carried from 1919, . . . . .	108	168	276
Cases discharged during the year, . . . . .	65	105	170
Cases to be continued, . . . . .	128	189	317
Cases closed, . . . . .	49	88	137
Cases in care of other hospitals, . . . . .	7	6	13
Cases in care of other agencies, . . . . .	44	14	58

The routine work of the pathological laboratory may be summarized as follows:—

Autopsies, . . . . .	88
Blood examinations:—	
Cell counts, . . . . .	135
Smears, . . . . .	80
Widals, . . . . .	2
Cerebrospinal fluid examinations:—	
Gold sol, albumin, globulin, cells, . . . . .	41
Microscopic examinations, bacteria, miscellaneous, . . . . .	208
Microscopic sections made:—	
Number of cases, . . . . .	19
Fecal analyses, . . . . .	3
Sputum analyses, . . . . .	54
Urinalyses, . . . . .	527
Food examination, puffed rice, . . . . .	1
Vaccines, . . . . .	3
Wassermann reactions:—	
Blood serum, . . . . .	246
Cerebrospinal fluid, . . . . .	35
Blood serum (postmortem), . . . . .	64
Cerebrospinal fluid (postmortem), . . . . .	65
Venipunctures, . . . . .	115
Lumbar punctures, . . . . .	39
Neurosyphilis treatments:—	
Intravenous treatments with diarsenol:—	
Number treated, . . . . .	48
Number of treatments, . . . . .	571
Intramuscular injections of mercury salicylate:—	
Number treated, . . . . .	36
Number of treatments, . . . . .	110

The number of deaths during the year was 223, of which 88 came to autopsy, making the autopsy percentage for the year 39.46.

The following table shows the psychoses represented in cases coming to autopsy:—

Traumatic psychoses, . . . . .	1
Senile psychoses, . . . . .	18
Psychoses with cerebral arteriosclerosis, . . . . .	25
General paralysis, . . . . .	20
Psychoses with cerebral syphilis, . . . . .	3
Psychoses with Huntington's chorea, . . . . .	1
Psychoses with other brain or nervous diseases, . . . . .	2
Alcoholic psychoses, . . . . .	4
Psychoses with other somatic diseases, . . . . .	3
Manic-depressive psychoses, . . . . .	3
Involution melancholia, . . . . .	2
Dementia præcox, . . . . .	5
Paranoia or paranoid conditions, . . . . .	1
Total, . . . . .	88

In the following table the causes of death of these cases are shown:—

Bronchopneumonia, . . . . .	16
Lobar pneumonia, . . . . .	5
Pulmonary gangrene from unresolved lobar pneumonia, . . . . .	1
Pulmonary gangrene, . . . . .	1
Pulmonary tuberculosis, . . . . .	5
Miliary pulmonary tuberculosis, . . . . .	1
Acute suppurative pleuritis, . . . . .	1
Acute purulent bronchitis, . . . . .	1
Arteriosclerosis, . . . . .	4
Cerebral arteriosclerosis, . . . . .	2
Acute embolic softening of the brain, . . . . .	1
Fatty degeneration of heart, with rupture, . . . . .	1
Mitral and aortic stenosis with regurgitation, . . . . .	1
Acute infective endocarditis following acute bronchitis, . . . . .	1
Valvular heart disease. Mitral insufficiency, . . . . .	1
Coronary sclerosis, with occlusion, . . . . .	1
Chronic myocarditis, . . . . .	3
General paralysis of the insane, . . . . .	9
Cerebral hemorrhage, . . . . .	2
Cerebrospinal meningitis, . . . . .	1
Aneurysm of arch of aorta, . . . . .	1
Pyelonephritis, . . . . .	2
Pyelitis, double (renal calculi), . . . . .	1
Acute cystitis and pyelitis, . . . . .	1
Purulent cystitis, . . . . .	2
Hemorrhagic gastro-enteritis, . . . . .	1
Diarrhœa and enteritis, . . . . .	1

Acute intestinal obstruction due to strangulated inguinal hernia, . . . . .	1
Acute fibrinous peritonitis and pleuritis, . . . . .	1
Cellulitis of right groin from purulent cystitis, . . . . .	1
Pachymeningitis hemorrhagica interna, . . . . .	1
Acute colitis, . . . . .	2
Acute membranous colitis, . . . . .	1
Acute infectious colitis, . . . . .	1
Chronic interstitial nephritis, . . . . .	3
Acute membranous ileitis, . . . . .	1
Acute gastritis and ileitis, . . . . .	1
Retroperitoneal abscess, . . . . .	1
Miliary tubercular peritonitis, . . . . .	1
Hemorrhage and shock from nephrectomy, . . . . .	1
Carcinoma of bladder, . . . . .	1
Carcinoma of stomach, . . . . .	2
Carcinoma of uterus, . . . . .	1
Acute arthritis (streptococcus), . . . . .	1
<hr/>	
Total, . . . . .	88

The surgical work of the hospital has been largely in the charge of Dr. Irving J. Walker of Boston, the attending surgeon, who visits the hospital regularly and has performed numerous operations. The following is a summary of the more important surgical work of the year, including cases sent to the City Hospital for operation at that place:—

Amputations:—

Foot, . . . . .	1
Thigh, . . . . .	2
Appendectomy, . . . . .	1
Dissection of cervical glands, . . . . .	1
Fistula in ano (incision and curettage), . . . . .	1
Gastroenterostomy, . . . . .	1
Hernia, strangulated, . . . . .	1
Herniotomy, double, . . . . .	2
Hysterectomy, . . . . .	2
Laparotomy, exploratory, . . . . .	2
Ovarian cyst, . . . . .	1
Ovariectomy with excision of ovarian cyst, . . . . .	1
Removal of gallstones and gall bladder, . . . . .	1
Removal of needle from hand, . . . . .	1
Suppurative cervical adenitis (incision and drainage), . . . . .	2
Trachelorrhaphy, colporrhaphy and perineorrhaphy, . . . . .	2
Vulvovaginal cyst (incision and curettage), . . . . .	1

The dental work of the hospital has been carried on actively during the last year by the resident dentist, Dr. Arthur W. Hicks. The following is a summary of the work of this department:—

Cleanings, . . . . .	729
Extractions, . . . . .	2,227
Fillings, . . . . .	499
Plates, . . . . .	9
Prophylaxis, . . . . .	8
Treatments, . . . . .	332
Patients treated, . . . . .	1,627

The hydrotherapeutic work of the hospital has been carried on as usual in the East and West groups by the director of hydrotherapy, Dr. Rebekah B. Wright. Systematic instruction has been given to the members of the nurses' training school in this work.

The work of the training school for nurses has been carried on very successfully during the year just ended by the superintendent of nurses, Miss Mary Alice McMahon, R.N. The affiliation of our school with that of the Boston City Hospital has been a very advantageous arrangement to us, each nurse spending ten months at that institution acquiring a familiarity with general hospital work, which is a valuable supplement to the instruction carried on here. The graduating exercises of the training school for nurses were held on Friday evening, June 25, at the chapel in the East Group. The address of the evening was delivered by Dr. E. H. Cohoon, superintendent of the Medfield State Hospital, and the diplomas were presented to the graduating class by Dr. Hyman B. Swig, representing the Board of Trustees. The following nurses completed the prescribed course of instruction and received their diplomas on that occasion: Robert Leod Burns, Katherine Mary Agnes Donovan, Annie Louise Gale, Jennie Mae Mason, Jessie Anna MacInnis, Katherine MacIntyre, Jean Aiton MacIsaac, Winifred Helen MacKenzie, Lyla May Sherman, Ellen Marie Teele, Sadie Alice Thibedeau, Sarah Florence Vail. The junior class for 1920-21 consists of 6, the intermediate class of 28, and the senior class of 17. Six are now receiving their instruction for the intermediate year at the Boston City



Hospital. Nineteen graduates of our training school are now employed in the wards of the institution. The course of instruction has been very materially supplemented during the year, in accordance with the requirements of the Department of Mental Diseases. In the final examinations held by the training school committee at the completion of the work of the last session, the Boston State Hospital Training School stood first in the senior and second in the junior class, in the latter instance being only one-half of 1 per cent lower than the school holding the first place. The average for the senior class was 89.28, and for the junior class, 88.93. An alumnae association has been formed by the graduates of the Boston State Hospital Training School this year, and this association affiliated with the Massachusetts State Nurses Association.

Staff meetings have been held as usual during the year, alternating between the East and West groups. Efforts have been made to present all new admissions at staff meetings, as well as all cases about to leave the hospital on visit or cases to be discharged.

#### OCCUPATIONS AND INDUSTRIES.

Occupational work has been materially extended in the ward service during the year, and an occupational therapist is now on duty in each of the two groups of the hospital. It is to be hoped that at least two more workers can be added during the coming year, as it has been found that two persons cannot properly look after the necessary instruction of patients. It has been difficult to obtain occupational therapists at the rate of pay authorized, as better inducements are offered in the public service elsewhere. An attempt has been made to interest in occupations of some kind all of the patients in the wards who are unable for any reason to go to the industrial rooms. Ward occupations have been carried on during the year in buildings A, B, C and D in the East Group, and buildings A, B, C and D in the West Group.

Industrial work in the East Group consists of basketry, rug-making, weaving, lace making, embroidery, knitting, crocheting, sewing, mending, etc. About 100 patients are occupied in the industrial room in the East Group daily. The estimated value of the articles made during the year was \$9,357.66. The

industrial work for men is carried on entirely in the West Group, in the basement of Building B. This work includes shoe repairing, the manufacture of toweling, shirting, overalls, men's stockings, repairs to rubber materials, mattress making, mattress renovating, the manufacture of various kinds of brushes, brooms, coat hangers, hats and various other articles. The value of articles produced during the year is estimated at \$12,756.21. In addition to the work of the industrial rooms, as mentioned above, the value of articles produced during the year in the wards was \$931.40, making a total of \$23,045.27 for articles produced in the occupational and industrial departments of the hospital.

#### AGRICULTURAL ACTIVITIES OF THE YEAR.

Mr. J. Dana Tilton, head farmer, left the hospital service on Jan. 21, 1920. It was not possible for us to obtain the services of any properly qualified person to fill this position until November 1, at which time Mr. Lawrence Olsen was appointed. Mr. Olsen graduated from an agricultural school in Denmark, is a naturalized American citizen, and has had fifteen years of experience on private estates in this country.

Owing to the fact that it has not been possible to give the agricultural work of the institution proper supervision during the year, the general shortage of farm employees, the unfavorable weather, etc., the farm production for the year has not been at all satisfactory. There was a total of 147.36 acres under cultivation. This consisted of 25.67 acres devoted to field crops, and 28.5 to gardening, in addition to which there were 88.19 acres of meadowland and 5 of orchards and small fruits. The estimated value of farm products during the year was \$18,425.69.

I wish to call attention again to the necessity of purchasing a farm for the hospital. The hospital site consists of only 232 acres. The forty buildings belonging to the institution take up a large amount of this space, and leave but comparatively little land available for farming and gardening. It should be remembered that a considerable amount of land is necessary for the recreation of patients. The future development of the hospital will not leave much room available for farming,



nor is it possible to purchase any more land in this vicinity at any reasonable cost. The report of the agricultural expert of the Department of Mental Diseases, as was noted last year, shows that an institution of the size of the Boston State Hospital should cultivate approximately 700 acres of land. I wish to again call attention to the necessity of purchasing several hundred acres of farm land within ready reach of the hospital. The per capita cost of maintenance would be materially lowered if a farm colony could be established and extensive agricultural work carried on at some place not too distant. The increasing number of buildings has reduced the amount of space available for gardening purposes. If we could establish a farm in the country it would be possible for us to maintain a dairy, raise poultry and furnish garden products at a considerable saving. Farm and gardening activities cannot be carried on on a hospital site so limited in size and located, as this one is, in a large city.

#### FINANCIAL STATEMENT.

The Legislature made the following appropriations for new construction during the session of 1919, as was shown in the annual report of last year: for building, furnishing and equipping a home to accommodate 90 nurses, a sum not exceeding \$80,000; for building, furnishing and equipping a congregate dining room for the West Group, a sum not exceeding \$100,000; for building, furnishing and equipping a congregate dining room for the East Group, a sum not exceeding \$110,000. Under the provisions of the statutes these amounts were, as usual, to be expended under the direction of the Department of Mental Diseases. Owing to the increased cost of construction, it was found impossible to complete these buildings with the money originally appropriated for the purpose. The following supplemental appropriations were made by the Legislature at its last session: for the nurses' home in the East Group, \$24,000 (chapter 255 of the Acts of 1920) and \$33,500 (chapter 629 of the Acts of 1920), making a total, including the original appropriation, of \$137,500; for the kitchen and dining room building in the West Group, \$60,000 (chapter 225 of the Acts of 1920) and \$50,000 (chapter 629

of the Acts of 1920), making a total of \$210,000 available; for the kitchen and dining room building in the East Group, \$42,000 (chapter 629 of the Acts of 1920), making a total of \$152,000; for the male infirmary building in the West Group, \$16,000 (chapter 629 of the Acts of 1920), making a total of \$401,000 available.

The contract for the kitchen and dining room building in the East Group was awarded last year. The building is practically completed and will be ready for occupancy on or before Jan. 1, 1921. The upper floor will furnish dining room accommodations for 500 female patients. The lower floor will furnish accommodations for a maximum of 100 persons in the employees' dining room and 150 in the nurses' and attendants' dining room. The north wing of the basement floor will provide accommodations for 100 male working patients from the West Group. It also includes a smoking room, as well as coat and toilet rooms. This will be a great accommodation for the West Group men who are working in the East Group, as they have had no proper provision made for them heretofore. In the rear of the building, and connected with it by a corridor, is a commodious one-story kitchen, with a scullery, refrigerating rooms, etc. This will provide ample kitchen accommodations for the East Group. This is the first kitchen and dining room building, serving that specific purpose, ever erected for the hospital.

Contracts have been awarded by the Department of Mental Diseases for the nurses' home in the East Group and the kitchen and dining room building in the West Group. The East Group nurses' home is now under roof, and should be ready for occupancy early in the spring. It will greatly relieve the overcrowding and lack of accommodations available for ward employees, and should make it easier for us to employ nurses and attendants in the future. The kitchen and dining room building in the West Group is well under way, should be under roof by winter time, and will probably be ready for occupancy early in the spring. The male infirmary building in the West Group, which will be known as Building F, has been completed and was occupied on September 30. This building houses 338 patients, with a maximum capacity of 354. The

first floor is used exclusively for bed patients, and includes three wards, one of which accommodates 22 patients and the other two 42 each. The second floor includes two wards of 58 patients each and a central wing housing 18 employees. The second floor of the administration portion of the building is used for quarters for medical officers. The third floor includes two wards of 58 beds each and a dining room accommodating 248 patients. There is also a well-equipped and modern operating room on the third floor. Fireproof construction is used throughout the building, the floors being of concrete and covered with linoleum. Taking everything into consideration, it represents the best type of construction used in any of the hospital buildings.

The maintenance expenditures of the hospital for the year were as follows: —

	Amount expended.	Per Capita.	Percentage of Total.
Personal services, . . . . .	\$227,326 83	\$131 63	33.02
Travel, transportation and office expenses, . . .	10,934 58	6 33	1.59
Food, . . . . .	206,675 58	119 67	30.02
Religious instruction, . . . . .	1,773 33	1 02	.25
Clothing and materials, . . . . .	30,599 62	17 71	4.44
Furnishings and household supplies, . . . . .	49,459 28	28 63	7.19
Medical and general care, . . . . .	16,285 05	9 42	2.36
Heat, light and power, . . . . .	100,168 85	58 01	14.55
Farm and stable, . . . . .	12,223 94	7 07	1.77
Grounds, . . . . .	12,949 24	7 49	1.88
Repairs, ordinary, . . . . .	18,149 55	10 50	2.65
Repairs and renewals, . . . . .	1,986 18	1 15	.28
Totals, . . . . .	\$688,532 03	\$398 63	100.00

Based on the average daily population of the hospital department (1,726.96), the per capita cost of maintenance for the year was \$398.63, or \$7.66 per week. The per capita cost for the year 1919 was \$324.86, or \$6.247 per week. It is hardly necessary to explain that the difference in per capita cost is entirely due to the increase in prices paid for commodities generally. The fact that the hospital has a larger infirmary population and a greater number of bed patients than other

institutions is, of course, a factor. Our lack of agricultural facilities and the absence of a dairy mean a considerable increase in the cost of maintenance. The type of buildings erected heretofore is a material factor in the cost of personal service. The old buildings, erected many years since, are made up of small units, few dormitories accommodating more than 6 patients, and consisting very largely of single rooms. This necessitates a large amount of supervision on the part of ward employees, which can be avoided just as well as not in certain buildings where only custodial care is required, and where patients can be housed in larger dormitories and in day rooms. No buildings designed exclusively for purely custodial care of patients in considerable numbers have ever been erected at the hospital.

#### GENERAL OPERATIONS FOR THE YEAR.

The appointment of Miss Adeline J. Leary to the position of treasurer, to succeed Mr. Fred L. Brown, deceased, was approved by the Board of Trustees on Nov. 17, 1919. Miss Leary has been a bookkeeper in the treasurer's office for some time, and has been connected with the institution for many years.

In response to an invitation issued by the Board of Trustees, over 50 members of the Legislature representing Suffolk County visited the hospital on January 14 and made a general inspection of the buildings and wards of both groups. They were accompanied by Dr. George M. Kline, representing the Department of Mental Diseases. Dr. Kline and Dr. Lefavour, chairman of the Board of Trustees, discussed the needs of the hospital for the coming year.

An additional dietitian and one more occupational therapist were authorized during the year, so that we now have a dietitian and an occupational therapist in each group of the hospital. This represents a great improvement over existing conditions, but we need several more occupational therapists, as many of our patients on the wards have no means of occupying themselves in any way.

The institution was visited by the public institutions committee of the Legislature on Thursday, January 29. They were accompanied by Dr. Kline, Commissioner of the Depart-



ment of Mental Diseases. The committee visited both the East and West groups, as well as the psychopathic department.

Great difficulties were encountered during the month of February, 1920, as a result of the heavy snowstorms which were general throughout New England. Transportation was seriously interfered with, and it was very difficult to get coal for the hospital. There were times when there was not a sufficient amount of coal on hand to last twenty-four hours. It was impossible for a period of several weeks to get conveyances of any kind from the East Group to the West. The electric car service was suspended for several days on Blue Hill Avenue, and it was difficult for visitors to reach the hospital. Transportation by means of trucks was impossible for a period of about six weeks, beginning February 6. All food supplies were brought to the institution on sleds.

A marking machine was installed in the storeroom during the year. This will be of great assistance in marking the ward linen, and will save a great deal of time and labor.

The wooden wainscoting and wooden flooring has been removed from all of the single rooms in the lower floor of building B in the East Group during the year, the wainscoting being replaced by hard plaster and the wooden flooring by cement. This has made these rooms much more sanitary and improved their appearance greatly.

Laundry tubs and ironing boards have been installed in the basement of the nurses' home in the West Group, which will be a great convenience to the nurses and attendants in that building.

Under the provisions of chapter 224 of the Special Acts of 1919, the street laying-out department of the city of Boston has used 561 square feet of hospital property for the purpose of widening the four corners at the intersection of Canterbury and Walk Hill streets.

A moving-picture machine of the latest type was installed in the East Group chapel during the year. This will be greatly appreciated by the patients, who enjoy the moving pictures perhaps more than any other form of entertainment.

Extensive repairs to the steam lines between pit No. 24 and pit No. 25, connecting the East and West groups, have been



necessary, and were completed during the summer months. The magnesia filling used as insulation for the conduits has been removed and standard pipe covering installed in its place. This will result in some saving of fuel and a considerable loss in the radiation of heat due to imperfect insulation. It was necessary to make repairs of the same nature in the steam line running from the rear of the new F building in the West Group to Building G.

The annual field day exercises of the hospital, held on the baseball grounds at the West Group on July 5, were very much enjoyed by the patients and participated in by many of them.

It was necessary to make extensive repairs to the sewer line connecting the F, G and H buildings and the farmhouse in the West Group with the metropolitan sewer. It will be necessary to replace this during the coming year with an iron pipe of larger size, iron being necessary on account of the nature of the soil.

The shortage of labor which, unfortunately, has been general, prevented us from completing the road between the East and West Groups during the summer.

The removal of the hill on the corner of Harvard and Morton streets was not finished for the same reason.

The interior of Buildings D, F and G in the East Group, the woodwork on the exterior of Building B in the West Group, the farmhouse, several of the wards in the new F building, and the window guards in Buildings A and G in the West Group were painted during the summer. Scrim curtains were placed in many of the wards in the East Group.

The completion of Building F in the West Group, which was occupied on Sept. 30, 1920, made considerable grading necessary. A cement walk was installed extending from the attendants' cottage, in the West Group in front of the new F building, to Building G.

A number of trees were planted in front of the new F building, as well as a Chinese privet hedge. The grounds surrounding the new building now present a very attractive appearance.

The occupancy of this building has made it possible to

remove all the male patients from Building B in the West Group. This will now be occupied entirely by women, and will give us excellent accommodations hereafter for patients of the infirmary type.

Arrangements have now been completed for filling the pond in the East Group, authority having been obtained from the city to have ashes deposited in this place by a contractor for the Dorchester district. To insure the proper surface drainage of the East Group after this is done, it has been necessary for us to install a 6-inch Akron pipe drain connecting the present pond with the Canterbury Branch of Stony Brook, this drain running between the present East Group barn and the administration building. Attempts on the part of several patients to commit suicide in the pond during the past year have emphasized the necessity of disposing of this source of danger.

Attention should be called again to the desirability of acquiring the 150,000 square feet of land belonging to the Forest Hills Cemetery, and located south of Canterbury Street, adjoining the West Group. This is the only part of the site, bounded by Canterbury Street on the north, Harvard Street on the south, Morton Street on the east and Walk Hill Street on the west, that has not as yet been acquired by the State. The buildings on this land could be used to very good advantage, and would facilitate the removal of the barns and other objectionable structures adjoining the administration building in the East Group. The desirability of acquiring this land was referred to by the joint special legislative committee on public institutions in their report of March, 1920, as shown in Senate Document No. 450.

Further reference should be made at this time to the Canterbury Branch of Stony Brook. Although the channel of this brook was cleaned out by the city about one year ago, it is already overgrown with weeds, and will soon be obstructed as badly as ever. The brook not infrequently overflows its banks, and 30 to 40 acres of hospital land have been covered with water at times. It occasionally gets into the steam conduits, and has flooded the pump room of the power house to a depth of a foot and a half. Such an overflow may at any time render it impossible to provide heat for the West Group,

which now has a capacity of over 1,500 beds. This condition of affairs should be remedied as soon as possible. The conduit built by the city extends up to the point where the brook enters the hospital property on Harvard Street. The brook runs through the grounds for a distance of approximately 4,500 feet. The conduit should be extended for at least 2,200 feet, to the point where the hospital road crosses the brook in the West Group. This would reclaim 30 or 40 acres of valuable land, worth approximately \$260,000. The work of enclosing this brook as originally undertaken by the city is incomplete, and the present condition was intended only as a temporary arrangement. The joint special committee of the Legislature, reporting on public institutions in 1920, referred to this as a serious menace requiring immediate attention.

#### NEEDS OF THE HOSPITAL FOR THE COMING YEAR.

As the construction deemed necessary for the coming year is to be determined by the Department of Mental Diseases, the following items were submitted some time since for consideration: —

1. Administration building and staff quarters, . . . .	\$250,000
2. Superintendent's house, . . . . .	46,000
3. Retaining wall, kitchen building, East Group, . . . .	28,000
4. Addition to refrigerating room, and additional refrigerating machinery, . . . . .	34,500
5. Repairs to sewer, West Group, . . . . .	7,500
6. Sewer pipe for Canterbury Branch of Stony Brook, . . .	2,550
7. New watch clock system for West Group, . . . . .	4,000
8. Pavement in front of power house, . . . . .	10,000
9. Addition to laundry building and new laundry machinery, .	20,500
10. Addition to garage, . . . . .	4,500
11. Fencing, . . . . .	10,000
12. New greenhouse, . . . . .	7,600
13. Paint shop, . . . . .	8,000
14. Stokers for eight boilers, . . . . .	30,000
15. Automatic CO <sub>2</sub> and draft recorders, . . . . .	4,200
16. Extension to sewer, water and steam lines, . . . . .	19,000
Total, . . . . .	<hr/> \$486,350

1. *Administration Building and Staff Quarters.* — The offices of the institution are now located in an old building purchased by the city of Boston about fifty years ago for use as an almshouse. This is a two and one-half story building constructed of wood throughout, contains numerous exposed electric wires, and has several wooden stairways running from the basement to the attic. This building is located within fifty yards of a large wooden barn containing hay, and is surrounded by other non-fireproof structures, the nearest being the laundry, chapel and a non-fireproof building now used as a nurses' home. Its presence in this location is a serious menace, and in case of fire would threaten the loss of the entire East Group. The building now houses over 50 employees, 30 of whom are living in the attic. The offices of the hospital should be in a central location. It is very inconvenient for relatives and friends of the patients to come from Walk Hill Street to the present administration building. The hospital has now reached a stage of development where an administration building is urgently needed. We do not propose to demolish the old wooden building now used for office purposes, but suggest removing it to other locations where it can be remodeled and used for housing employees, etc. In erecting an administration building we propose to provide additional accommodations for the staff on the second floor. Attention should be called to the fact that no new construction has ever been provided at the institution as yet for the exclusive use of the medical officers of the hospital.

2. *Superintendent's House.* — No superintendent's residence has ever been built at the hospital. The only house used for that purpose was the remodeled Pierce farmhouse, acquired by the city in 1893. This building is now being used for other purposes. The arrangement of the house is not such as to render it suitable for a superintendent's residence. It has been necessary for the Board of Trustees to rent a house for the superintendent. The lease on this house will expire by the time a building can be erected on the hospital premises. The annual outlay involved in this rental, including heat, light, etc., represents the interest on a considerable investment. The cost may be increased at the expiration of the present lease.



3. *Retaining Wall, Kitchen Building, East Group.* — When the contract was awarded for the kitchen and dining room building in the East Group, the appropriation was not, unfortunately, large enough to provide for the construction of a retaining wall in front of the building. This structure is located several hundred feet in the rear of the present B Building, separated from it by a roadway, and occupies an entirely different level, being probably 20 feet below the grade of the former. For the protection of the building it will be necessary to erect a concrete retaining wall in front of it. This will insure the proper lighting of the basement, and prevent the surface drainage of the hill immediately above from injuring the building.

4. *Addition to Refrigerating Room and Additional Refrigerating Machinery.* — The present refrigerating plant has been in use for many years. The capacity of the hospital has been doubled since this plant was installed. An additional load will be carried when the new kitchen building is opened this winter. It has been very difficult to make ice enough for the hospital for some time, owing to the limited capacity of this plant. This is an urgent necessity.

5. *Repairs to Sewer, West Group.* — Several hundred feet of the West Group sewer caved in during the summer, as a result of the fact that it was not properly supported. It was laid in quicksand. This sewer has to supply several additional buildings erected since it was installed. Temporary repairs have been made, which will make it possible for us to use this sewer until an appropriation can be obtained for a new one. The consulting engineer for the Department has recommended the replacement of this 8-inch Akron pipe sewer by 1,000 feet of 12-inch iron pipe.

6. *Sewer Pipe for Canterbury Branch of Stony Brook.* — The hospital has been making efforts to remove the hill at the corner of Morton and Canterbury streets. This has been a dangerous corner for many years. The material obtained will be very valuable in the completion of the new road we are now building between the East and West groups. The grading to be done makes it necessary to enclose the branch of Stony Brook now entering the hospital property from the Forest



Hills Cemetery land to the north. We will need about 430 feet of 30-inch Akron pipe for this purpose.

7. *New Watch Clock System, West Group.* — We now have three watch clock recorders in the West Group, with a new building going up. None of the present recorders have sufficient capacity to take care of this new building. An overhead cable has been used in some places. The wiring in two of the buildings is very old and was too light for the work originally. It should be replaced. The proper thing to do under the circumstances is to install one central recorder of sufficient capacity to take care of the entire West Group, locating all wires underground. This will cost about \$4,000. If done now it will do away with the necessity of putting in a recording system in the new building.

8. *Pavement in Front of the Power House.* — There is a granite block pavement in front of the laundry at the present time. This is not laid in concrete and will have to be taken up soon. When relaid this should be extended to the front of the power house and carried as far as the storehouse. The heavy trucks now delivering coal to the power house render the installation of some kind of a serviceable pavement necessary at the earliest possible moment. The cheapest pavement available will be concrete, at an estimated cost of \$10,000.

9. *Addition to Laundry Building and New Laundry Machinery.* — The hospital has increased greatly in size since the erection of the present laundry. Additional space is very much needed. Some of the equipment has been in use for many years. We are badly in need of new dryers, mangles and other machinery. The occupancy of the new building, with a capacity of about 350 patients, renders it desirable to get this laundry machinery at as early a moment as possible.

10. *Addition to Garage.* — No garage has ever been built for the hospital. We are using the old West Group boiler house, remodeled for this purpose, at the present time. It is, however, not large enough, and additional space is badly needed.

11. *Fencing.* — The hospital has on its present site 233 acres of land unprotected by suitable fencing at any place. As a result of this, the grounds are overrun by small boys from the neighborhood. We cannot police the premises, and many of

the vegetables which we are attempting to raise in our gardens are stolen. We have suffered large losses in this way. We are also unable to prevent strangers from approaching our buildings and annoying the patients, as they do very frequently. A schoolhouse has been erected at a point immediately across the street from the building containing our most destructive, noisy and violent women. We cannot keep the school children out of our property. We wish to erect an angle iron fence at least 5 feet high. We are, of course, aware of the fact that the entire hospital property cannot all be fenced in at once, owing to the expense involved, and would suggest appropriating \$5,000 or \$10,000 each year for this purpose.

12. *New Greenhouse.* — The old greenhouse in the rear of the present administration building in the East Group is in a very dilapidated condition and is liable to fall down. A new one should be built as soon as possible in another location.

13. *Paint Shop.* — The present paint shop is located in the basement of the laundry building, the third floor of which is used as an industrial room. This is a violation of the laws of the State. A separate building should be erected for the paint shop as soon as possible. The estimated cost of such a structure is \$8,000.

14. *Stokers for Eight Boilers.* — At the present time we have in the boiler house two boilers with a Massachusetts rating of 108 horsepower, and six with a rating of 126 horsepower. The radiating surface now heated in the institution is 141,036 square feet. A building accommodating about 350 patients has just been completed, and we have now under process of construction a kitchen and dining room building in the East Group, a nurses' home in the East Group, and a kitchen and dining room building in the West Group. It is only a question of time before additional boilers will have to be provided. The efficiency of the present plant can be enormously increased by the use of stokers, which would do away with the necessity of several additional firemen.

15. *Automatic CO<sub>2</sub> and Draft Recorders.* — These were recommended by the Tenney Engineering Company two years ago. Our budget did not, however, cover the cost of installing this apparatus, and we are accordingly asking for \$4,200 for that purpose this year.

16. *Extension to Sewer, Water and Steam Lines.* — When a new administration building is erected an extension to the sewer, water and steam lines of the institution will be necessary. Provision should be made for this at as early a moment as possible. When completed this extension will provide for several other buildings which may be necessary at some future time.

## II. THE PSYCHOPATHIC DEPARTMENT.

The Psychopathic Hospital completes the first chapter of its history, that of a department of the Boston State Hospital, with the conclusion of the present year, as a result of the following law enacted by the Legislature at its last session: —

SECTION 1. The psychopathic department of the Boston state hospital is hereby made a separate state hospital for the care of the insane and shall be subject to all provisions of law applicable to such state hospitals. Its name shall be the Boston Psychopathic Hospital.

SECTION 2. On or before the thirtieth day of November in the current year the governor, with the advice and consent of the council, shall appoint a board of trustees of the Boston psychopathic hospital, consisting of seven members, of whom five shall be men and two shall be women. The initial members of said board shall be appointed for terms of one, two, three, four, five, six and seven years respectively from the first Wednesday in February, nineteen hundred and twenty, or until their successors are appointed and qualified. Thereafter as their several terms expire, the governor shall appoint a trustee for the term of seven years, and shall fill any vacancy for the unexpired term. The said trustees shall have all the powers and duties in respect to the Boston psychopathic hospital which the present trustees of the Boston state hospital now have in respect thereto, and shall be subject to all provisions of law relating to trustees of state hospitals for the care of the insane.

It is worthy of note that the Boston State Hospital, at the time of its establishment the first municipal institution exclusively for mental diseases in America, was the first institution in the United States to make provisions for a separate psychopathic department, which was opened on June 24, 1912.

At the conclusion of this first period in its history it will perhaps not be out of order to recall the objects and purposes for which it was founded, as shown by a quotation from the twelfth annual report of the Massachusetts State Board of Insanity: —

The Psychopathic Hospital should receive all classes of mental patients for first care, examination and observation, and provide short, intensive treatment of incipient, acute and curable insanity. Its capacity should be small, not exceeding such requirement.

An adequate staff of physicians, investigators and trained workers in every department should provide as high a standard of efficiency as that of the best general and special hospitals, or that in any field of medical science.

Ample facilities should be available for the treatment of mental and nervous conditions, the clinical study of patients on the wards, and scientific investigation in well-equipped laboratories, with a view to prevention and cure of mental disease and addition to the knowledge of insanity and associated problems.

Clinical instruction should be given to medical students, the future family physicians, who would thus be taught to recognize and treat mental disease in its earliest stages, when curative measures avail most. Such a hospital, therefore, should be accessible to medical schools, other hospitals, clinics and laboratories.

It should be a center of education and training of physicians, nurses, investigators, and special workers in this and allied fields of work.

Its out-patient department should afford free consultation to the poor, and such advice and medical treatment as would, with the aid of district nursing, promote the home care of mental patients.

Its social workers should facilitate early discharge and after-care of patients, and investigate their previous history, habits, home and working conditions and environment, heredity and other causes of insanity, and endeavor to apply corrective and preventive measures.

The specialized functions of the department were well defined by the director of the department in one of the previous annual reports, as follows: —

The institution is not a modified or sublimated form of receiving ward for a great district hospital. The great district hospital, of which the Psychopathic Hospital is a department, has, in point of fact, its own receiving ward planned upon proper modern lines, and is adequately equipped for the reception of insane persons committed to the institution by the operations of the ordinary probate court processes. The Psychopathic Hospital, on the other hand, is an institution which does not receive cases committed by the probate court process. The first requirement in understanding the Psychopathic Hospital's relation to the community is an understanding that the hospital is not built for the reception of medico-legally insane persons who have been determined to be insane upon the assurances of two qualified physicians. It is true that all our patients are admitted under some form of law, but very few of them are admitted by court processes, and those few are sent to us for highly special determina-



tions which the large staff and special equipments of the hospital are enabled to make more quickly and effectively than the State institutions for the great group of ordinary committed cases.

The functions of the psychopathic department were modified somewhat by the establishment of the Massachusetts State Psychiatric Institute in 1919. The objects of this institute as defined by the Commission on Mental Diseases were:—

1. To make psychiatric and pathological researches and investigations.

2. To give instruction in psychiatry, neurology, pathology, psychology and social service, with special reference to instruction in the nature, causes, treatment and results of mental diseases and defects.

3. To promote the advancement of mental hygiene.

4. To encourage scientific work in the institutions.

5. To co-ordinate publications of a scientific nature.

6. To carry on the routine and special duties of the pathological service of the Commission.

7. To supervise and correlate the clinical and laboratory work of the institutions under the Commission.

This left the psychopathic department with purely hospital functions, and relieved it of any responsibility for scientific research or instruction. As constituted at the present time, it may be described as including (1) the ward service, (2) the out-patient service, (3) the social service and (4) the psychological service.

The institution differs from other psychopathic hospitals in being an establishment essentially of the temporary care type, not designed primarily either for the reception or for the care and custody of obviously committable cases, but rather for the observation and treatment of incipient mental diseases as well as psychopathic conditions not properly coming within the purview of the State hospitals. It has been the policy of the courts to commit direct to State institutions for the insane all cases showing clearly the necessity of an extended period of hospital treatment. The fact that only 40 per cent of the temporary care cases have been committed shows that a preliminary period of observation before these cases are definitely disposed of is unquestionably warranted.



The administration of the department has been under the immediate supervision of a chief executive officer with two assistants, an executive officer and an assistant executive officer. The medical service has been under the immediate supervision of a chief medical officer, who has had under his direction two medical officers, four assistant medical officers and two internes. The out-patient service is under the immediate direction of a chief medical officer, with one medical officer and an assistant medical officer under his charge. The social service has been under the immediate direction of the chief of social service, with three paid and numerous student social workers under her supervision. The psychological service has been headed by a chief psychologist, with one assistant psychologist and an interne.

This plan of organization was designed for the specific purpose of providing the highest type of modern hospital care for mental diseases. Nothing but the welfare of the patient was taken into consideration. This was made possible by the establishment of the psychiatric institute, all responsibility for scientific research and instruction being an essential part of its functions. The history of the psychopathic department, which has been in operation since June, 1912, has, I think, demonstrated conclusively that in an institution of this type, handling nearly 2,000 patients a year in its wards, and over 3,450 in the out-patient service, the entire time of the medical staff must be devoted to the care of the patients unless their welfare is to be made secondary to some other consideration. They cannot carry on research work, or take part in the instruction of medical students, and give their patients the care and attention they should receive and to which they are entitled.

A general rearrangement of the medical service was made during the past year. The wards are now divided into two services, one for men and one for women; a medical officer, two assistant medical officers and an interne being assigned to each service. Entire responsibility for the direction of the medical service as a whole has been delegated to the chief medical officer. This provides, for the first time, for some definite centralization of responsibility for the operation of the

ward service. It has already resulted in a material increase in efficiency and the establishment of much higher standards of medical care.

The history of the psychopathic department as a department of the Boston State Hospital should not be brought to a close without some reference to the death of Dr. Elmer E. Southard, who was the director of the Psychopathic Hospital from the time of its opening in 1912 until May 19, 1919, when he resigned for the purpose of devoting his entire time and energies to the development of the newly created Massachusetts State Psychiatric Institute. His death occurred quite suddenly in New York City on Feb. 8, 1920, after an illness of a few days, incurred while attending the meetings of the National Committee for Mental Hygiene. After his graduation at Harvard University in 1897 he entered the medical department, graduating in 1901, and received the degree of A.M. in the following year. He was for some time an instructor in neuropathology at the Harvard Medical School, and became an assistant professor in 1906. He occupied the Bullard professorship of neuropathology from the date of its establishment in 1909 to the time of his death. His association with the State hospital service dated from the time of his appointment as pathologist at the Danvers State Hospital in 1906. He became the pathologist to the Massachusetts State Board of Insanity three years later. During the time of his connection with the psychopathic department as its director he received general recognition by the profession as being one of the foremost men in psychiatry and neuropathology in this country. He was associated in an editorial capacity with the "Journal of Nervous and Mental Disease," the "Psychiatric Bulletin," the "Journal of Clinical Laboratory Medicine," and many other publications of a similar nature. He was a member of the American Medico-Psychological Association, the American Medical Association, the American Academy of Arts and Sciences, the American Neurological Association, the American Association of Pathologists, and many other scientific societies. He was president of the American Medico-Psychological Association in 1919, chairman of the Section for Nervous and Mental Diseases of the American Medical Association, and was elected president

of the Boston Society of Psychiatry and Neurology shortly before his death. His contributions to medical literature were too numerous to mention. The better known of these perhaps were his works on neurosyphilis and his recently published book on shell shock and other neuropsychiatric conditions which became of so much importance during the late war. Dr. Southard gave up all of his Boston activities in 1918 to accept a commission in the army, and was appointed major in the chemical warfare service. He was an active member of various clubs, and made his home in Cambridge, where his wife, Dr. Mabel Fletcher Austin, and three children still reside.

Although by experience and training essentially a pathologist, Dr. Southard's prominence in the profession has been primarily that of a clinician and a teacher. Largely as a result of his work, psychiatric social service has received the general recognition which it so thoroughly deserves. As the director of the psychopathic department of the Boston State Hospital he attracted students from all parts of the United States, and associated with himself men who have since become prominent factors in the psychiatry of this country. His death was a loss not only to the State of Massachusetts but to the medical profession.

#### MOVEMENT OF POPULATION.

The census on Sept. 30, 1919, was as follows: in the wards, men, 45, women, 34, total, 79; at home on visit, men, 29, women, 44, total, 73; making a total of 152, 74 men and 78 women, in the custody of the psychopathic department.

Nine hundred and thirty-six men and 817 women, a total of 1,753, were admitted during the year. This included the following: first admissions, men, 274, women, 263, total, 537; readmissions, men, 98, women, 69, total, 167; temporary care admissions, men, 564, women, 485, total, 1,049; transfers from other institutions, men, none, women, 1, total, 1; and transfers from the hospital department, men, 2. Twelve hundred and ninety-six cases, including 700 men and 596 women, were discharged during the year; 3 men and 6 women, a total of 9, were transferred to other institutions; and 29 men and 25 women, a total of 54, died during the year. One

hundred and eighty-one men and 170 women, a total of 351, were transferred to the hospital department.

The census on Sept. 30, 1920, was as follows: in the wards, men, 41, women, 42, total, 83; at home on visit, men, 58, women, 57, total, 115; making a total of 198, 99 men and 99 women, in the custody of the psychopathic department.

The total number of cases treated during the year was 1,922, 1,019 men and 903 women.

The average daily number of patients for the year was: men, 84.86, women, 87.09, total, 171.95. The average daily number in the wards was: men, 41.42, women, 43.84, total, 85.26, or 49.65 per cent of the whole number. The average daily number at home on visit was: men, 43.44, women, 43.25, total, 86.69, or 50.35 per cent. The average daily number of committed cases was: men, 17.84, women, 18.36, total, 36.20, or 42.45 per cent of the number in the wards. The average daily number of voluntary cases was: men, 6.52, women, 9.25, total, 15.77, or 18.50 per cent. The average daily number of temporary care cases was: men, 17.06, women, 16.23, total, 33.29, or 39.05 per cent. The average daily number of epileptics was: men, .72, women, .49, total, 1.21, or 1.42 per cent. The average daily number held under complaint or indictment was: men, 1.56, women, .37, total, 1.93, or 2.27 per cent.

The recovery rate, exclusive of temporary care, based on the number of first admissions, was 1.11 per cent; based on the total number cared for during the year, .31 per cent; and based on the average daily population, 11.54 per cent.

The death rate, exclusive of temporary care, based on the number of first admissions, was 3.91 per cent; based on the total number cared for during the year, 1.09 per cent; and based on the average daily population, 24.63 per cent.

The recovery rate of temporary care cases, based on the number of first admissions (872), was 3.67 per cent; based on the total number cared for during the year, 2.97 per cent; and based on the average daily population (33.29), 96.12 per cent.

The death rate of temporary care cases, based on the number of first admissions, was 3.78 per cent; based on the total number cared for during the year, 3.06 per cent; and based on the average daily population, 99.13 per cent.



Attention should be called to the fact that the recovery and death rates of an institution of the temporary care type are of comparatively little significance.

Of the first admissions, exclusive of temporary care, 22, or 40.97 per cent, were foreign born, and 409, or 76.16 per cent, were of foreign parentage on one or both sides. One hundred and ninety, or 35.38 per cent, were aliens. The average age on admission was 39.5 years, 65, or 12.10 per cent, being sixty years or over. Thirty-seven, or 6.89 per cent, were under twenty-one years.

Of the 537 first admissions, exclusive of temporary care, the cause was unascertained or no cause given in 390 cases, or 72.62 per cent. In the 147 cases where a definite cause was assigned, the etiological factors were as follows: alcoholism, 6, or 4.08 per cent; arteriosclerosis, 17, or 11.65 per cent; involutional changes, 2, or 1.36 per cent; traumatism, 1, or .68 per cent; senility, 24, or 16.32 per cent; and syphilis, 53, or 36.06 per cent. There was a family history of mental disease in 32, or 6 per cent, and a family history of nervous disease in 7, or 1.3 per cent, of these cases.

The forms of mental disease shown by the first admissions, exclusive of temporary care, briefly summarized, were as follows: senile psychoses, 24, or 4.47 per cent; psychoses with cerebral arteriosclerosis, 25, or 4.65 per cent; general paralysis, 54, or 10.06 per cent; psychoses with other brain or nervous diseases, 12, or 2.12 per cent; alcoholic psychoses, 11, or 1.94 per cent; psychoses with other somatic diseases, 18, or 3.17 per cent; manic-depressive psychoses, 47, or 8.75 per cent; involution melancholia, 9, or 1.59 per cent; dementia præcox, 142, or 26.44 per cent; paranoia or paranoid conditions, 18, or 3.17 per cent; epileptic psychoses, 9, or 1.59 per cent; psychoneuroses and neuroses, 12, or 2.12 per cent; undiagnosed psychoses, 44, or 7.76 per cent; without psychoses, 99, or 17.46 per cent; and all other psychoses less than 1 per cent.

The forms of mental disease shown by the readmissions, exclusive of temporary care, briefly summarized, were as follows: senile psychoses, 2, or 1.2 per cent; psychoses with cerebral arteriosclerosis, 3, or 1.8 per cent; general paralysis,



11, or 6.59 per cent; psychoses with cerebral syphilis, 2, or 1.2 per cent; psychoses with other brain or nervous diseases, 2, or 1.2 per cent; alcoholic psychoses, 4, or 2.4 per cent; manic-depressive psychoses, 28, or 16.77 per cent; involution melancholia, 4, or 2.4 per cent; dementia præcox, 51, or 30.54 per cent; paranoia or paranoid conditions, 6, or 3.6 per cent; psychoneuroses and neuroses, 6, or 3.6 per cent; psychoses with psychopathic personality, 2, or 1.2 per cent; psychoses with mental deficiency, 3, or 1.8 per cent; undiagnosed psychoses, 12, or 7.19 per cent; other psychoses, 1 per cent or less; and without psychoses, 28, or 16.77 per cent.

The total number of admissions for the year was 1,752, of which 1,409 were first admissions and 344 readmissions. Four hundred and eighteen, or 23.84 per cent, of the total admissions were discharged as without psychosis. Four hundred and twenty-nine, or 24.47 per cent of all cases admitted, were committed to the Boston State Hospital. Fifteen, or .85 per cent, were committed to private institutions, and 783, or 44.67 per cent, were committed to State or private hospitals for the insane during the year.

The admissions for the year, classified according to legal status, were as follows:—

	Males.	Females.	Totals.
Temporary care cases (chapter 174, General Acts of 1915), .	563	652	1,215
Boston police cases (chapter 307, Acts of 1910), . . .	194	74	268
Voluntary admissions (section 45, chapter 504, Acts of 1909),	129	71	200
Observation cases (chapter 145, General Acts of 1919), .	6	9	15
Cases pending examination and hearing (section 34, chapter 504, Acts of 1909).	6	—	6
Emergency commitments (section 42, chapter 504, Acts of 1909).	—	—	—
Cases held under complaint or indictment (chapter 46, General Acts of 1917).	38	11	49
Military cases (chapter 142, General Acts of 1918), . .	—	—	—
Cases received by transfer (section 69, chapter 504, Acts of 1909).	2	1	3

It is interesting to note that of these admissions 69.31 per cent were temporary care cases, 15.29 per cent Boston police cases, 11.41 per cent voluntary patients, .85 per cent observation cases, .34 per cent cases pending examination and

hearing, and 2.79 per cent cases held under complaint or indictment. The Boston police, observation and emergency cases should be included, for statistical purposes, in the temporary care group, being all admissions of that general class, bringing the total up to 1,504, or 85.79 per cent of the number admitted.

Attention should again be called to the entirely too numerous methods of commitment. There would appear to be no reason why one legislative enactment should not cover all forms of temporary care. If this could be done, we would have to deal with only four different classes of cases, — temporary care, voluntary cases, emergency commitments and criminal cases. An analysis of 14,922 consecutive admissions to the psychopathic department shows that 59.77 per cent were temporary care cases (chapter 174 of the General Acts of 1915); 18.56 per cent Boston police cases (chapter 307 of the Acts of 1910); 1.38 per cent observation cases (section 43, chapter 504, Acts of 1909, and chapter 145, General Acts of 1919); 16.96 per cent voluntary admissions (section 45, chapter 504, Acts of 1909); .50 per cent emergency cases (section 42, chapter 504, Acts of 1909); .61 per cent committed "pending examination and hearing" (section 34, chapter 504, Acts of 1909); and 1.02 per cent held on the order of courts of criminal jurisdiction (chapter 46, General Acts of 1917). All forms of temporary care constituted 81.34 per cent of the total number admitted.

Twelve hundred and fifteen temporary care cases (chapter 174, General Acts of 1915) were admitted during the year ending Sept. 30, 1920. Of the 1,238 discharges, 21, or 1.7 per cent, were discharged as recovered; 139, or 11.23 per cent, as improved; 701, or 56.62 per cent, as unimproved; and 252, or 20.35 per cent, as without psychosis. Eighty-three, or 6.7 per cent, were transferred to voluntary, emergency or observation status, and 28, or 2.26 per cent, died. Five hundred and sixty-three, or 45.48 per cent, were committed to State institutions; 7, or .57 per cent, to private hospitals; and 514, or 41.52 per cent, were discharged to the community as not requiring further care or treatment.

Two hundred and sixty-eight Boston police cases (chapter 307, Acts of 1910) were admitted during the year. Of the 273

discharges, 16, or 5.86 per cent, were discharged as recovered; 28, or 10.26 per cent, as improved; 162, or 59.34 per cent, as unimproved; and 96, or 35.16 per cent, as without psychosis. Eleven, or 4.03 per cent, were transferred to voluntary or observation status, and 43, or 15.75 per cent, died. One hundred and forty, or 51.28 per cent, were committed to State institutions, 3 to private hospitals, and 110, or 40.3 per cent, were discharged to the community as not requiring further care or treatment.

Fifteen observation cases (section 43, chapter 504, Acts of 1909, or chapter 145, General Acts of 1919) were admitted during the year. Of the 18 discharges, 2, or 11.11 per cent, were discharged as recovered; 1, or 5.55 per cent, as improved; 10, or 55.55 per cent, as unimproved; and 2, or 11.11 per cent, as without psychosis. One was transferred to voluntary status and one died. Eleven, or 61.10 per cent, were committed to State institutions, and 4, or 22.22 per cent, were discharged to the community as not requiring further care or treatment.

Six cases pending examination and hearing (section 34, chapter 504, Acts of 1909) were admitted during the year. Of the 8 discharges, none were discharged as recovered; 1, or 12.5 per cent, as improved; 3, or 37.50 per cent, as unimproved; and 2, or 25 per cent, as without psychosis. Two, or 25 per cent, were transferred to a different status, and none died. Two, or 25 per cent, were committed to State institutions, and 4, or 50 per cent, were discharged to the community as not requiring further care or treatment.

Nineteen emergency cases (section 42, chapter 504, Acts of 1909) were transferred from temporary care during the year. Of the 19 discharges, 18, or 94.74 per cent, were discharged as unimproved, and 1, or 5.26 per cent, died. One was transferred to voluntary status; 15, or 78.95 per cent, were committed to State hospitals, and 2, or 10.52 per cent, were discharged to the community as not requiring further care or treatment.

Fifteen hundred and four temporary care cases of all types were admitted during the year. Of the 1,537 discharges, 39, or 2.54 per cent, were discharged as recovered; 169, or 10.99 per cent, as improved; 876, or 56.99 per cent, as unimproved;

and 352, or 22.9 per cent, as without psychosis. Seventy-two, or 4.68 per cent, died. Seven hundred and sixteen, or 46.58 per cent, were committed to State institutions; 10, or .65 per cent, to private hospitals; and 632, or 41.12 per cent, were discharged to the community as not requiring further care or treatment.

Two hundred voluntary cases (section 45, chapter 504, Acts of 1909) were admitted during the year. Of the 227 discharges, 8, or 3.52 per cent, were discharged as recovered; 33, or 14.54 per cent, as improved; 94, or 41.41 per cent, as unimproved; and 89, or 39.21 per cent, as without psychosis. Two were transferred to another status and 1 died. Thirty-seven, or 16.3 per cent, were committed to State institutions, and 170, or 74.89 per cent, were discharged to the community as not requiring further care or treatment.

Forty-nine cases were committed under the provisions of chapter 46 of the General Acts of 1917. Of the 47 discharges, 1, or 2.13 per cent, was discharged as recovered; 4, or 8.52 per cent, as improved; 18, or 38.34 per cent, as unimproved; and 23, or 48.93 per cent, as without psychosis. One was transferred to observation status, and none died. Twelve, or 25.56 per cent, were committed to State institutions; and 33, or 67.34 per cent, were discharged to the community as not requiring further care or treatment.

Four hundred and thirty-one cases were committed during the year on probate court commitments under the provisions of section 30, chapter 504, Acts of 1909. Of these, 2, or .46 per cent, were discharged as recovered; 82, or 19.02 per cent, as improved; 315, or 74.01 per cent, as unimproved; and 2, or .46 per cent, as without psychosis. Three hundred and forty-seven, or 80.51 per cent, were transferred to the hospital department; 7, or 1.61 per cent, to other institutions for the insane; and 46, or 10.67 per cent, were discharged to the community as not requiring further care or treatment.

The following tables show the psychoses of all admissions classified according to legal status: —

*Temporary Care Cases (Chapter 174, General Acts of 1915).*

	Males.	Females.	Totals.	TOTAL.		
				Males.	Females.	Totals.
Traumatic psychoses, . . . . .	2	2	4	2	3	5
Traumatic delirium, . . . . .	—	1	1			
Post-traumatic mental enfeeblement, . . . . .						
Senile psychoses, . . . . .	8	15	23	11	22	33
Simple deterioration, . . . . .	1	1	2			
Delirious and confused type, . . . . .	3	5	8			
Paranoid type, . . . . .	—	1	1			
Other types, . . . . .						
Psychoses with cerebral arteriosclerosis, . . . . .				26	22	48
General paralysis, . . . . .				78	17	95
Psychoses with cerebral syphilis, . . . . .				3	2	5
Psychoses with Huntington's chorea, . . . . .				1	—	1
Psychoses with brain tumor, . . . . .				3	1	4
Psychoses with other brain or nervous diseases, . . . . .				13	13	26
Cerebral embolism, . . . . .	2	1	3			
Paralysis agitans, . . . . .	1	—	1			
Meningitis, . . . . .	1	—	1			
Tabes, . . . . .	—	1	1			
Acute chorea, . . . . .	1	1	2			
Other diseases, . . . . .	8	10	18			
Organic brain disease, . . . . .	7	9	16			
Exophthalmic goitre, . . . . .	—	1	1			
Encephalitis lethargica, . . . . .	1	—	1			
Alcoholic psychoses, . . . . .	1	1	2	17	7	24
Delirium tremens, . . . . .	7	2	9			
Acute hallucinosis, . . . . .	4	3	7			
Chronic hallucinosis, . . . . .	2	—	2			
Chronic paranoid type, . . . . .	3	1	4			
Alcoholic deterioration, . . . . .						
Psychoses due to drugs and other exogenous toxins, . . . . .	4	2	6	4	2	6
Opium, cocaine, bromides, etc., . . . . .						
Psychoses with other somatic diseases, . . . . .	9	14	23	22	31	53
Delirium with infectious diseases, . . . . .	2	3	5			
Post-infectious psychoses, . . . . .	—	2	2			
Exhaustion delirium, . . . . .	2	4	6			
Delirium of unknown origin, . . . . .	3	3	6			
Cardio-renal diseases, . . . . .	6	5	11			
Other diseases, . . . . .	1	—	1			
Diabetes mellitus, . . . . .	—	1	1			
Cardio-vascular disease, . . . . .	1	—	1			
Delirium with meningitis, . . . . .	1	—	1			
Delirium with cardiac disease, . . . . .	2	—	2			
Delirium with cerebrospinal syphilis, . . . . .	—	1	1			
Chronic nephritis, . . . . .	—	1	1			
Delirium with fractured skull, . . . . .	1	2	3			
Delirium with encephalitis, . . . . .						
Manic-depressive psychoses, . . . . .	19	31	50	46	80	126
Manic type, . . . . .	24	43	67			
Depressive type, . . . . .	3	6	9			
Mixed type, . . . . .						
Involution melancholia, . . . . .				3	15	18
Dementia præcox, . . . . .	71	72	143	152	155	307
Paranoid type, . . . . .	26	32	58			
Catatonic type, . . . . .	47	45	92			
Hebephrenic type, . . . . .	8	6	14			
Simple type, . . . . .						



*Temporary Care Cases (Chapter 174, General Acts of 1915) — Concluded.*

	Males.	Females.	Totals.	TOTAL.		
				Males.	Females.	Totals.
Paranoia or paranoid conditions, . . . . .	10	21	31			
Epileptic psychoses, . . . . .	14	18	32			
Epileptic deterioration, . . . . .	6	4	10			
Clouded states, . . . . .	4	9	13			
Others, . . . . .	4	5	9			
Psychoneuroses and neuroses, . . . . .	13	16	29			
Hysterical type, . . . . .	3	6	9			
Psychasthenic type, . . . . .	5	4	9			
Neurasthenic type, . . . . .	4	5	9			
Anxiety neuroses, . . . . .	1	1	2			
Psychoses with mental deficiency, . . . . .	5	7	12			
Undiagnosed psychoses, . . . . .	31	43	79			
Without psychosis, . . . . .	109	172	281			
Epilepsy without psychosis, . . . . .	13	6	19			
Alcoholism without psychosis, . . . . .	2	1	3			
Drug addiction without psychosis, . . . . .	2	2	4			
Psychopathic personality without psychosis, . . . . .	18	32	50			
Mental deficiency without psychosis, . . . . .	22	56	78			
Others, . . . . .	52	75	127			
Syphilis of the central nervous system, . . . . .	2	—	2			
Simple depression, . . . . .	2	7	9			
Conduct disorder, . . . . .	9	28	37			
Previous undiagnosed psychosis, . . . . .	1	—	1			
Subnormal, . . . . .	—	1	1			
Recovered from psychosis, . . . . .	2	1	3			
Suicidal threats, . . . . .	—	1	1			
Suicidal attempts, . . . . .	1	1	2			
Fractured skull, . . . . .	1	—	1			
Early dementia præcox, . . . . .	1	1	2			
Cerebral embolism, . . . . .	1	—	1			
Multiple sclerosis, . . . . .	1	—	1			
Psychopathic personality on organic basis, . . . . .	—	1	1			
No diagnosis, . . . . .	16	23	39			
Family dissension, . . . . .	4	3	7			
Chorea, . . . . .	—	2	2			
Arteriosclerosis, . . . . .	1	—	1			
Encephalitis lethargica, . . . . .	2	—	2			
Paralysis of seventh nerve, . . . . .	1	—	1			
Inadequate personality, . . . . .	—	1	1			
Fright, . . . . .	—	1	1			
Syphilitic aortitis, . . . . .	1	—	1			
Malingering, . . . . .	2	—	2			
Language difficulty, . . . . .	1	—	1			
Cardio-vascular disease, . . . . .	—	1	1			
Mental deficiency plus epilepsy, . . . . .	1	—	1			
Congenital syphilis, . . . . .	—	1	1			
Organic brain disease, . . . . .	2	1	3			
Syncope, . . . . .	—	1	1			
Total, . . . . .	563	652	1,215			

*Boston Police Cases (Chapter 307, Acts of 1910).*

Senile psychoses, . . . . .	2	2	4
Simple deterioration, . . . . .	2	—	2
Psychoses with cerebral arteriosclerosis, . . . . .	8	2	10
General paralysis, . . . . .	13	2	15

*Boston Police Cases (Chapter 307, Acts of 1910) — Concluded.*

	Males.	Females.	Totals.	TOTAL.		
				Males.	Females.	Totals.
Psychoses with cerebral syphilis, . . . . .	3	-	3	3	-	3
Psychoses with other brain or nervous diseases, . . . . .	-	1	1	-	1	1
Cerebral embolism, . . . . .	-	1	1	-	1	1
Alcoholic psychoses, . . . . .	21	2	23	21	2	23
Delirium tremens, . . . . .	5	-	5	5	-	5
Acute hallucinosis, . . . . .	10	1	11	10	1	11
Chronic hallucinosis, . . . . .	3	-	3	3	-	3
Alcoholic deterioration, . . . . .	3	1	4	3	1	4
Psychoses due to drugs and other exogenous toxins, . . . . .	-	3	3	-	3	3
Opium, cocaine, bromides, etc., . . . . .	-	3	3	-	3	3
Psychoses with other somatic diseases, . . . . .	5	-	5	5	-	5
Delirium with infectious disease, . . . . .	2	-	2	2	-	2
Delirium of unknown origin, . . . . .	1	-	1	1	-	1
Cardio-renal diseases, . . . . .	1	-	1	1	-	1
Delirium with encephalitis, . . . . .	1	-	1	1	-	1
Manic-depressive psychoses, . . . . .	16	4	20	16	4	20
Manic type, . . . . .	14	2	16	14	2	16
Depressive type, . . . . .	2	1	3	2	1	3
Mixed type, . . . . .	-	1	1	-	1	1
Involution melancholia, . . . . .	-	1	1	-	1	1
Dementia præcox, . . . . .	57	25	82	57	25	82
Paranoid type, . . . . .	28	14	42	28	14	42
Catatonic type, . . . . .	10	5	15	10	5	15
Hebephrenic type, . . . . .	19	5	24	19	5	24
Simple type, . . . . .	-	1	1	-	1	1
Paranoia or paranoid conditions, . . . . .	10	6	16	10	6	16
Epileptic psychoses, . . . . .	4	1	5	4	1	5
Epileptic deterioration, . . . . .	3	1	4	3	1	4
Clouded states, . . . . .	1	-	1	1	-	1
Psychoneuroses and neuroses, . . . . .	2	2	4	2	2	4
Hysterical type, . . . . .	1	-	1	1	-	1
Psychasthenic type, . . . . .	1	-	1	1	-	1
Anxiety neuroses, . . . . .	-	2	2	-	2	2
Psychoses with mental deficiency, . . . . .	-	1	1	-	1	1
Undiagnosed psychoses, . . . . .	22	7	29	22	7	29
Without psychosis, . . . . .	31	15	46	31	15	46
Epilepsy without psychosis, . . . . .	1	1	2	1	1	2
Alcoholism without psychosis, . . . . .	1	1	2	1	1	2
Drug addiction without psychosis, . . . . .	-	1	1	-	1	1
Psychopathic personality without psychosis, . . . . .	2	2	4	2	2	4
Mental deficiency without psychosis, . . . . .	9	6	15	9	6	15
Others, . . . . .	18	4	22	18	4	22
Conduct disorder, . . . . .	1	-	1	1	-	1
Syphilis of the central nervous system, . . . . .	2	-	2	2	-	2
Family dissension, . . . . .	3	-	3	3	-	3
Recovered from psychosis, . . . . .	1	-	1	1	-	1
Psychosis sexualis, . . . . .	1	-	1	1	-	1
Cardio-vascular disease, . . . . .	1	-	1	1	-	1
Pernicious anemia, . . . . .	1	-	1	1	-	1
Suicidal attempts, . . . . .	1	-	1	1	-	1
Huntington's chorea, . . . . .	-	1	1	-	1	1
Religious ecstasy, . . . . .	1	-	1	1	-	1
No diagnosis, . . . . .	6	3	9	6	3	9
Total, . . . . .	194	74	268	194	74	268

*Observation Cases (Chapter 145, General Acts of 1919).*

	Males.	Females.	Totals.	TOTAL.		
				Males.	Females.	Totals.
Psychoses with cerebral arteriosclerosis, . . . . .	1	—	1	1	—	1
Psychoses with other somatic diseases, . . . . .	1	1	2	1	1	2
Delirium with infectious diseases, . . . . .	1	—	1	1	—	1
Delirium of unknown origin, . . . . .	—	1	1	—	1	1
Manic-depressive psychoses, . . . . .	—	1	1	—	1	1
Manic type, . . . . .	—	1	1	—	1	1
Dementia præcox, . . . . .	2	3	5	2	4	6
Paranoid type, . . . . .	—	1	1	—	1	1
Hebephrenic type, . . . . .	—	—	—	—	—	—
Paranoia or paranoid conditions, . . . . .	—	—	—	—	1	1
Psychoneuroses and neuroses, . . . . .	—	1	1	—	1	1
Neurasthenic type, . . . . .	—	1	1	—	1	1
Undiagnosed psychoses, . . . . .	1	—	1	1	—	1
Without psychosis, . . . . .	1	1	2	1	1	2
Psychopathic personality without psychosis, . . . . .	1	—	1	1	—	1
Symptomatic depression, . . . . .	—	—	—	—	—	—
Total, . . . . .	6	9	15	6	9	15

*Cases pending Examination and Hearing (Section 34, Chapter 504, Acts of 1909).*

General paralysis, . . . . .	1	—	1	1	—	1
Alcoholic psychoses, . . . . .	2	—	2	2	—	2
Chronic paranoid type, . . . . .	1	—	1	1	—	1
Alcoholic deterioration, . . . . .	1	—	1	1	—	1
Manic-depressive psychoses, . . . . .	1	—	1	1	—	1
Manic type, . . . . .	1	—	1	1	—	1
Dementia præcox, . . . . .	1	—	1	1	—	1
Paranoid type, . . . . .	1	—	1	1	—	1
Without psychosis, . . . . .	1	—	1	1	—	1
Psychopathic personality without psychosis, . . . . .	1	—	1	1	—	1
Total, . . . . .	6	—	6	6	—	6

*Psychoses of All Forms of Temporary Care Admissions during the Year.*

Traumatic psychoses, . . . . .	2	2	4	2	3	5
Traumatic delirium, . . . . .	—	1	1	—	—	—
Post-traumatic mental enfeeblement, . . . . .	—	—	—	—	—	—
Senile psychoses, . . . . .	10	17	27	13	24	37
Simple deterioration, . . . . .	—	1	1	—	—	—
Delirious and confused type, . . . . .	3	5	8	—	—	—
Paranoid type, . . . . .	—	1	1	—	—	—
Other types, . . . . .	—	—	—	—	—	—
Psychoses with cerebral arteriosclerosis, . . . . .	—	—	—	35	24	59
General paralysis, . . . . .	—	—	—	92	19	111

*Psychoses of All Forms of Temporary Care Admissions during the Year—*  
Continued.

	Males.	Females.	Totals.	TOTAL.		
				Males.	Females.	Totals.
Psychoses with cerebral syphilis, . . . . .	6	2	8			
Psychoses with Huntington's chorea, . . . . .	1	—	1			
Psychoses with brain tumor, . . . . .	3	1	4			
Psychoses with other brain or nervous diseases, . . . . .	13	14	27			
Cerebral embolism, . . . . .	2	2	4			
Paralysis agitans, . . . . .	1	—	1			
Meningitis, . . . . .	1	—	1			
Tabes, . . . . .	—	1	1			
Acute chorea, . . . . .	1	1	2			
Other diseases, . . . . .	8	10	18			
Organic brain disease, . . . . .	7	9	16			
Exophthalmic goiter, . . . . .	—	1	1			
Encephalitis lethargica, . . . . .	1	—	1			
Alcoholic psychoses, . . . . .	40	9	49			
Delirium tremens, . . . . .	6	1	7			
Acute hallucinosis, . . . . .	17	3	20			
Chronic hallucinosis, . . . . .	7	3	10			
Chronic paranoid type, . . . . .	3	—	3			
Alcoholic deterioration, . . . . .	7	2	9			
Psychoses due to drugs and other exogenous toxins, . . . . .	4	5	9	4	5	9
Opium, cocaine, bromides, etc., . . . . .	4	5	9			
Psychoses with other somatic diseases, . . . . .	12	14	26	28	32	60
Delirium with infectious diseases, . . . . .	12	14	26			
Post-infectious psychosis, . . . . .	2	3	5			
Exhaustion delirium, . . . . .	—	2	2			
Delirium of unknown origin, . . . . .	3	5	8			
Cardio-renal disease, . . . . .	4	3	7			
Others, . . . . .	7	5	12			
Diabetes mellitus, . . . . .	1	—	1			
Cardio-vascular disease, . . . . .	—	1	1			
Chronic nephritis, . . . . .	—	1	1			
Delirium with encephalitis, . . . . .	2	2	4			
Delirium with meningitis, . . . . .	1	—	1			
Delirium with cardiac disease, . . . . .	1	—	1			
Delirium with cerebrospinal syphilis, . . . . .	2	—	2			
Delirium with fractured skull, . . . . .	—	1	1			
Manic-depressive psychoses, . . . . .	34	34	68	63	85	148
Manic type, . . . . .	34	34	68			
Depressive type, . . . . .	26	44	70			
Mixed type, . . . . .	3	7	10			
Involution melancholia, . . . . .	3	16	19	3	16	19
Dementia præcox, . . . . .	102	89	191	212	184	396
Paranoid type, . . . . .	102	89	191			
Catatonic type, . . . . .	36	37	73			
Hebephrenic type, . . . . .	66	51	117			
Simple type, . . . . .	8	7	15			
Paranoia and paranoid conditions, . . . . .	20	28	48	20	28	48
Epileptic psychoses, . . . . .	18	19	37	18	19	37
Epileptic deterioration, . . . . .	9	5	14			
Clouded states, . . . . .	5	9	14			
Other types, . . . . .	4	5	9			
Psychoneuroses and neuroses, . . . . .	15	19	34	15	19	34
Hysterical type, . . . . .	4	6	10			
Psychasthenic type, . . . . .	6	4	10			
Neurasthenic type, . . . . .	4	6	10			
Anxiety neuroses, . . . . .	1	3	4			

*Psychoses of All Forms of Temporary Care Admissions during the Year —  
Concluded.*

	Males.	Females.	Totals.	TOTAL.		
				Males.	Females.	Totals.
Psychoses with mental deficiency, . . . . .	..	..	..	5	8	13
Undiagnosed psychoses, . . . . .	..	..	..	54	55	109
Without psychosis, . . . . .	..	..	..	142	188	330
Epilepsy without psychosis, . . . . .	14	7	21			
Alcoholism without psychosis, . . . . .	3	2	5			
Drug addiction without psychosis, . . . . .	2	3	5			
Psychopathic personality without psychosis, . . . . .	21	35	56			
Mental deficiency without psychosis, . . . . .	31	62	93			
Others, . . . . .	71	79	150			
Conduct disorder, . . . . .	10	28	38			
Syphilis of the central nervous system, . . . . .	4	—	4			
Family dissension, . . . . .	7	3	10			
Recovered from psychosis, . . . . .	3	1	4			
Psychosis sexualis, . . . . .	1	—	1			
Cardio-vascular disease, . . . . .	1	1	2			
Pernicious anemia, . . . . .	1	—	1			
Suicidal attempts, . . . . .	2	1	3			
Suicidal threats, . . . . .	—	1	1			
Huntington's chorea, . . . . .	—	1	1			
Religious ecstasy, . . . . .	1	—	1			
No diagnosis, . . . . .	22	26	48			
Symptomatic depression, . . . . .	1	—	1			
Simple depression, . . . . .	2	7	9			
Previous undiagnosed psychosis, . . . . .	1	—	1			
Subnormal, . . . . .	—	1	1			
Fractured skull, . . . . .	1	—	1			
Early dementia præcox, . . . . .	1	1	2			
Cerebral embolism, . . . . .	1	—	1			
Multiple sclerosis, . . . . .	1	—	1			
Psychopathic personality on organic basis, . . . . .	—	1	1			
Chorea, . . . . .	—	2	2			
Arteriosclerosis, . . . . .	1	—	1			
Encephalitis lethargica, . . . . .	2	—	2			
Paralysis of the seventh nerve, . . . . .	1	—	1			
Inadequate personality, . . . . .	—	1	1			
Fright, . . . . .	—	1	1			
Syphilitic aortitis, . . . . .	1	—	1			
Malingering, . . . . .	2	—	2			
Language difficulty, . . . . .	1	—	1			
Mental deficiency plus epilepsy, . . . . .	1	—	1			
Congenital syphilis, . . . . .	—	1	1			
Organic brain disease, . . . . .	2	1	3			
Syncope, . . . . .	—	1	1			
Total, . . . . .	..	..	..	769	735	1,504

*Psychoses of Voluntary Cases (Section 45, Chapter 504, Acts of 1909).*

Senile psychoses, . . . . .	..	..	..	2	—	2
Simple deterioration, . . . . .	2	—	2			
Psychoses with cerebral arteriosclerosis, . . . . .	..	..	..	2	2	4
General paralysis, . . . . .	..	..	..	17	2	19
Psychoses with cerebral syphilis, . . . . .	..	..	..	5	—	5
Psychoses with other brain or nervous diseases, . . . . .	..	..	..	3	—	3
Cerebral embolism, . . . . .	1	—	1			
Others, . . . . .	2	—	2			
Organic brain disease, . . . . .	2	—	2			



*Psychoses of Voluntary Cases (Section 45, Chapter 504, Acts of 1909) — Concluded.*

	Males.	Females.	Totals.	TOTAL.		
				Males.	Females.	Totals.
Alcoholic psychoses, . . . . .	1	1	1	1	2	3
Chronic hallucinosis, . . . . .	1	—	1			
Chronic paranoid type, . . . . .	1	—	1			
Alcoholic deterioration, . . . . .	—	1	1			
Manic-depressive psychoses, . . . . .	3	1	4	6	3	9
Manic type, . . . . .	3	—	3			
Depressive type, . . . . .	—	1	1			
Involution melancholia, . . . . .	—	—	—	2	—	2
Dementia præcox, . . . . .	11	7	18	21	12	33
Paranoid type, . . . . .	3	—	3			
Catatonic type, . . . . .	4	4	8			
Hebephrenic type, . . . . .	3	1	4			
Simple type, . . . . .	—	—	—			
Paranoia or paranoid conditions, . . . . .	—	—	—	3	3	6
Epileptic psychoses, . . . . .	1	1	2	1	1	2
Epileptic deterioration, . . . . .	—	—	—			
Psychoneuroses and neuroses, . . . . .	1	1	2	8	6	14
Hysterical type, . . . . .	4	3	7			
Psychasthenic type, . . . . .	3	2	5			
Neurasthenic type, . . . . .	—	—	—			
Undiagnosed psychoses, . . . . .	—	—	—	4	2	6
Without psychosis, . . . . .	7	1	8	54	38	92
Epilepsy without psychosis, . . . . .	1	1	2			
Alcoholism without psychosis, . . . . .	8	11	17			
Psychopathic personality without psychosis, . . . . .	5	4	9			
Mental deficiency without psychosis, . . . . .	33	21	54			
Others, . . . . .	—	1	1			
Symptomatic depression, . . . . .	10	3	13			
Syphilis of the central nervous system, . . . . .	1	—	1			
Moron plus alcohol, . . . . .	4	1	5			
Conduct disorder, . . . . .	1	—	1			
Chronic myelitis, . . . . .	—	1	1			
Domestic difficulties, . . . . .	1	—	1			
Recovered from psychosis, . . . . .	1	—	1			
Suicidal attempts, . . . . .	1	4	5			
Simple depression, . . . . .	1	1	2			
Brain tumor, . . . . .	—	1	1			
Chorea, . . . . .	1	—	1			
Cardio-vascular renal disease, . . . . .	1	—	1			
Tabes dorsalis, . . . . .	—	1	1			
Mixed organic nervous disease, . . . . .	9	8	17			
No diagnosis, . . . . .	1	—	1			
Post-apoplectic depression, . . . . .	1	—	1			
For examination, . . . . .	—	—	—			
Total, . . . . .	129	71	200			

*Psychoses of Cases held under Complaint or Indictment (Chapter 46, General Acts of 1917).*

	Males.	Females.	Totals.	TOTAL.		
				Males.	Females.	Totals.
Senile psychoses, . . . . .				1	-	1
Simple deterioration, . . . . .	1	-	1			
General paralysis, . . . . .				4	1	5
Alcoholic psychoses, . . . . .				1	-	1
Acute hallucinosis, . . . . .	1	-	1			
Manic-depressive psychoses, . . . . .				1	1	2
Manic type, . . . . .	-	1	1			
Depressive type, . . . . .	1	-	1			
Dementia præcox, . . . . .				10	2	12
Paranoid type, . . . . .	6	1	7			
Hebephrenic type, . . . . .	3	1	4			
Simple type, . . . . .	1	-	1			
Paranoia or paranoid conditions, . . . . .				1	-	1
Psychoses with mental deficiency, . . . . .				1	-	1
Without psychosis, . . . . .				19	7	26
Epilepsy without psychosis, . . . . .	1	-	1			
Alcoholism without psychosis, . . . . .	1	1	2			
Drug addiction without psychosis, . . . . .	1	-	1			
Psychopathic personality without psychosis, . . . . .	4	1	5			
Mental deficiency without psychosis, . . . . .	7	3	10			
Others, . . . . .	5	2	7			
Syphilis of the central nervous system, . . . . .	-	2	2			
Conduct disorder, . . . . .	2	-	2			
Theft, . . . . .	1	-	1			
Suicidal threats, . . . . .	1	-	1			
Domestic difficulties, . . . . .	1	-	1			
Total, . . . . .				38	11	49

*Psychoses of All Admissions during the Year.*

Traumatic psychoses, . . . . .	2	2	4	2	3	5
Traumatic delirium, . . . . .	-	1	1			
Post-traumatic mental enfeeblement, . . . . .						
Senile psychoses, . . . . .				16	24	40
Simple deterioration, . . . . .	13	17	30			
Delirious and confused type, . . . . .	-	1	1			
Paranoid type, . . . . .	3	5	8			
Other types, . . . . .	-	1	1			
Psychoses with cerebral arteriosclerosis, . . . . .				37	26	63
General paralysis, . . . . .				114	22	136
Psychoses with cerebral syphilis, . . . . .				11	2	13
Psychoses with Huntington's chorea, . . . . .				1	-	1
Psychoses with brain tumor, . . . . .				3	1	4
Psychoses with other brain or nervous diseases, . . . . .				16	14	30
Cerebral embolism, . . . . .	3	2	5			
Paralysis agitans, . . . . .	1	-	1			
Meningitis, . . . . .	1	-	1			
Tabes, . . . . .	-	1	1			
Acute chorea, . . . . .	1	1	2			

*Psychoses of All Admissions during the Year — Continued.*

	Males.	Females.	Totals.	TOTAL.		
				Males.	Females.	Totals.
Psychoses, etc. — <i>Con.</i>						
Other types, . . . . .	10	10	20			
Organic brain disease, . . . . .	9	9	18			
Exophthalmic goiter, . . . . .	—	1	1			
Encephalitis lethargica, . . . . .	1	—	1			
Alcoholic psychoses, . . . . .	6	1	7	42	11	53
Delirium tremens, . . . . .	18	3	21			
Acute hallucinosis, . . . . .	7	4	11			
Chronic hallucinosis, . . . . .	4	—	4			
Chronic paranoid type, . . . . .	7	3	10			
Alcoholic deterioration, . . . . .	—	—	—			
Psychoses due to drugs and other exogenous toxins, . . . . .	4	5	9	4	5	9
Opium, cocaine, bromides, etc., . . . . .	—	—	—			
Psychoses with other somatic diseases, . . . . .	12	14	26	28	32	60
Delirium with infectious disease, . . . . .	2	3	5			
Post-infectious psychosis, . . . . .	—	2	2			
Exhaustion delirium, . . . . .	3	5	8			
Delirium of unknown origin, . . . . .	4	3	7			
Cardio-renal disease, . . . . .	7	5	12			
Others, . . . . .	1	—	1			
Diabetes mellitus, . . . . .	—	1	1			
Cardio-vascular disease, . . . . .	—	1	1			
Chronic nephritis, . . . . .	—	1	1			
Delirium with encephalitis, . . . . .	2	2	4			
Delirium with meningitis, . . . . .	1	—	1			
Delirium with cardiac disease, . . . . .	1	—	1			
Delirium with cerebrospinal syphilis, . . . . .	2	—	2			
Delirium with fractured skull, . . . . .	—	1	1			
Manic-depressive psychoses, . . . . .	38	36	74	71	89	160
Manic type, . . . . .	30	46	76			
Depressive type, . . . . .	3	7	10			
Mixed type, . . . . .	—	—	—			
Involution melancholia, . . . . .	—	—	—	5	16	21
Dementia præcox, . . . . .	119	98	217	243	199	442
Paranoid type, . . . . .	39	37	76			
Catatonic type, . . . . .	73	56	129			
Hebephrenic type, . . . . .	12	8	20			
Simple type, . . . . .	—	—	—			
Paranoia and paranoid conditions, . . . . .	—	—	—	24	31	55
Epileptic psychoses, . . . . .	10	6	16	19	20	39
Epileptic deterioration, . . . . .	5	9	14			
Clouded states, . . . . .	4	5	9			
Other types, . . . . .	—	—	—			
Psychoneuroses and neuroses, . . . . .	5	6	12	23	25	48
Hysterical type, . . . . .	10	7	17			
Psychasthenic type, . . . . .	7	8	15			
Neurasthenic type, . . . . .	1	3	4			
Anxiety neuroses, . . . . .	—	—	—			
Psychoses with mental deficiency, . . . . .	—	—	—	6	8	14
Undiagnosed psychoses, . . . . .	—	—	—	58	57	115
Without psychosis, . . . . .	22	8	30	215	233	448
Epilepsy without psychosis, . . . . .	5	4	9			
Alcoholism without psychosis, . . . . .	3	3	6			
Drug addiction without psychosis, . . . . .	33	47	80			
Psychopathic personality without psychosis, . . . . .	43	69	112			
Mental deficiency without psychosis, . . . . .	109	102	211			
Others, . . . . .	16	29	45			
Conduct disorder, . . . . .	—	—	—			

*Psychoses of All Admissions during the Year — Concluded.*

	Males.	Females.	Totals.	TOTAL.		
				Males.	Females.	Totals.
Without psychosis — <i>Con.</i>						
Others — <i>Con.</i>						
Syphilis of the central nervous system, . . . . .	14	5	19			
Family dissension, . . . . .	7	3	10			
Recovered psychosis, . . . . .	4	1	5			
Psychosis sexualis, . . . . .	1	—	1			
Cardio-vascular disease, . . . . .	1	1	2			
Cardio-vascular renal disease, . . . . .	1	—	1			
Pernicious anemia, . . . . .	1	—	1			
Suicidal attempts, . . . . .	3	1	4			
Suicidal threats, . . . . .	1	1	2			
Huntington's chorea, . . . . .	—	1	1			
Religious ecstasy, . . . . .	1	—	1			
No diagnosis, . . . . .	31	34	65			
Symptomatic depression, . . . . .	1	1	2			
Simple depression, . . . . .	3	11	14			
Previous undiagnosed psychosis, . . . . .	1	—	1			
Subnormal, . . . . .	—	1	1			
Fractured skull, . . . . .	1	—	1			
Early dementia præcox, . . . . .	1	1	2			
Cerebral embolism, . . . . .	1	—	1			
Multiple sclerosis, . . . . .	1	—	1			
Psychopathic personality on organic basis, . . . . .	—	1	1			
Chorea, . . . . .	—	3	3			
Arteriosclerosis, . . . . .	1	—	1			
Encephalitis lethargica, . . . . .	2	—	2			
Paralysis of the seventh nerve, . . . . .	1	—	1			
Inadequate personality, . . . . .	—	1	1			
Fright, . . . . .	—	1	1			
Syphilitic aortitis, . . . . .	1	—	1			
Malingering, . . . . .	2	—	2			
Language difficulty, . . . . .	1	—	1			
Mental deficiency plus epilepsy, . . . . .	1	—	1			
Congenital syphilis, . . . . .	—	1	1			
Organic brain disease, . . . . .	2	1	3			
Syncope, . . . . .	—	1	1			
Moron plus alcohol, . . . . .	1	—	1			
Chronic myelitis, . . . . .	1	—	1			
Domestic difficulties, . . . . .	1	1	2			
Brain tumor, . . . . .	1	1	2			
Tabes dorsalis, . . . . .	1	—	1			
Mixed organic nervous disease, . . . . .	—	1	1			
Post-apoplectic depression, . . . . .	1	—	1			
For examination, . . . . .	1	—	1			
Theft, . . . . .	1	—	1			
Total, . . . . .	938	818	1,756			

*Psychoses of Cases admitted for Observation and subsequently committed.*

Senile psychoses, . . . . .	9	13	22	12	18	30
Simple deterioration, . . . . .	—	2	2			
Delirious and confused types, . . . . .	—	1	1			
Depressed and agitated types, . . . . .	3	2	5			
Paranoid types, . . . . .						
Psychoses with cerebral arteriosclerosis, . . . . .				20	16	36
General paralysis, . . . . .				69	12	81
Psychoses with cerebral syphilis, . . . . .				4	2	6
Psychoses with Huntington's chorea, . . . . .				1	—	1
Psychoses with brain tumor, . . . . .				1	—	1

*Psychoses of Cases admitted for Observation and subsequently committed —*  
*Concluded.*

	Males.	Females.	Totals.	TOTAL.		
				Males.	Females.	Totals.
Psychoses with other brain or nervous diseases, . . . . .	7	10	17			
Cerebral embolism, . . . . .	1	2	3			
Paralysis agitans, . . . . .	1	1	2			
Tubercles, . . . . .	1	1	2			
Others, . . . . .	6	7	13			
Organic brain disease, . . . . .	5	6	11			
Exophthalmic goiter, . . . . .	1	1	2			
Encephalitis, . . . . .	1	1	2			
Alcoholic psychoses, . . . . .	12	6	18			
Acute hallucinosis, . . . . .	6	3	9			
Chronic hallucinosis, . . . . .	3	3	6			
Chronic paranoid type, . . . . .	3	—	3			
Psychoses due to drugs and other exogenous toxins, . . . . .	2	—	2			
Opium, cocaine, bromides, etc., . . . . .	2	—	2			
Psychoses with other somatic diseases, . . . . .	6	17	23			
Delirium with infectious disease, . . . . .	4	6	10			
Post-infectious psychosis, . . . . .	1	1	2			
Exhaustion delirium, . . . . .	1	2	3			
Delirium of unknown origin, . . . . .	1	3	4			
Cardio-renal disease, . . . . .	1	3	4			
Others, . . . . .	1	2	3			
Delirium with encephalitis, . . . . .	1	1	2			
Psychosis with chronic nephritis, . . . . .	1	1	2			
Manic-depressive psychoses, . . . . .	49	65	114			
Manic type, . . . . .	35	31	66			
Depressive type, . . . . .	10	27	37			
Stuporous type, . . . . .	1	1	2			
Mixed type, . . . . .	4	6	10			
Involution melancholia, . . . . .	4	11	15			
Dementia præcox, . . . . .	166	139	305			
Paranoid type, . . . . .	75	71	146			
Catatonic type, . . . . .	33	27	60			
Hebephrenic type, . . . . .	55	38	93			
Simple type, . . . . .	3	3	6			
Paranoia or paranoid conditions, . . . . .	19	19	38			
Epileptic psychoses, . . . . .	7	8	15			
Epileptic deterioration, . . . . .	2	3	5			
Clouded states, . . . . .	4	3	7			
Others, . . . . .	1	2	3			
Psychoneuroses and neuroses, . . . . .	—	1	1			
Neurasthenic type, . . . . .	—	1	1			
Psychoses with psychopathic personality, . . . . .	—	1	1			
Psychoses with mental deficiency, . . . . .	1	2	3			
Undiagnosed psychoses, . . . . .	36	25	61			
Without psychosis, . . . . .	4	4	8			
Epilepsy without psychosis, . . . . .	1	—	1			
Mental deficiency without psychosis, . . . . .	2	2	4			
Others, . . . . .	1	2	3			
Degenerative chorea, . . . . .	1	1	2			
No diagnosis, . . . . .	1	1	2			
Total, . . . . .	420	356	776			



An analysis of 12,252 temporary care cases shows the psychoses represented to be as follows: alcoholic psychoses, 1,133, or 9.25 per cent; dementia præcox, 3,063, or 25 per cent; senile psychoses, 387, or 3.16 per cent; general paralysis, 743, or 6.06 per cent; manic-depressive psychoses, 1,243, or 10.14 per cent; arteriosclerosis, 396, or 3.23 per cent; epilepsy, 227, or 1.85 per cent; imbecility, 49, or .39 per cent; and without psychosis, 2,528, or 20.63 per cent.

An analysis of 1,430 cases discharged as without psychosis shows that they included the following: mental deficiency, 486, or 34 per cent; psychopathic personality, 217, or 15.17 per cent; hysteria, 53, neurasthenia, 24, psychasthenia, 15; total psychoneuroses, 160, or 11.20 per cent; epilepsy, 115, or 8.04 per cent; alcoholism, 87, or 6.08 per cent; conduct disorder, 60, or 4.20 per cent; depression, undifferentiated, 28, or 1.96 per cent; syphilis, 29, or 2.03 per cent; organic brain disease, 24, or 1.68 per cent; moron, 22, or 1.54 per cent; neurosyphilis, 18, or 1.26 per cent; normal, 20, or 1.40 per cent; drug addiction, 20, or 1.40 per cent; somatic and non-mental, 17, or 1.19 per cent; and various other conditions amounting to less than 1 per cent.

An analysis of 1,807 voluntary cases shows the following psychoses represented: alcoholic psychoses, 102, or 5.64 per cent; dementia præcox, 333, or 18.43 per cent; manic-depressive psychoses, 123, or 6.81 per cent; involution melancholia, 18, or .99 per cent; senile psychoses, 20, or 1.11 per cent; general paralysis, 143, or 7.91 per cent; epilepsy, 19, or 1.05 per cent; psychoneuroses, 65, or 3.59 per cent; and without psychosis, 626, or 34.64 per cent.

A study of the hospital residence of the cases discharged during the statistical year is of considerable interest. One thousand two hundred and nineteen, or 71.29 per cent, were discharged after a residence of ten days or less; 1,370, or 80.12 per cent, after a residence of two weeks or less; 1,471, or 86.02 per cent, after a residence of three weeks or less; 1,548, or 90.52 per cent, after a residence of one month or less; 1,646, or 96.26 per cent, after a residence of two months or less; and 1,670, or 97.66 per cent, after a residence of three months or less. This would indicate very strongly the necessity of

extending the period of temporary care, if possible, to three months.

The psychoses represented by the cases discharged from the psychopathic department, exclusive of temporary care, during the year were as follows: senile psychoses, 6, or 2.07 per cent; psychoses with cerebral arteriosclerosis, 7, or 2.40 per cent; general paralysis, 14, or 4.80 per cent; psychoses with other brain or nervous disease, 3, or 1.04 per cent; alcoholic psychoses, 6, or 2.07 per cent; psychoses with other somatic diseases, 7, or 2.40 per cent; manic-depressive psychoses, 26, or 8.90 per cent; dementia præcox, 47, or 16.09 per cent; paranoia or paranoid conditions, 9, or 3.11 per cent; epileptic psychoses, 4, or 1.37 per cent; psychoneuroses or neuroses, 17, or 5.82 per cent; psychoses with mental deficiency, 5, or 1.71 per cent; undiagnosed psychoses, 28, or 9.60 per cent; all other psychoses less than 1 per cent; and without psychosis, 106, or 36.30 per cent.

Of the 21 deaths during the year, exclusive of temporary care cases, the psychoses were as follows: senile psychoses, 2, or 9.52 per cent; psychoses with cerebral arteriosclerosis, 1, or 4.76 per cent; general paralysis, 4, or 19.04 per cent; psychoses with brain tumor, 1, or 4.76 per cent; psychoses with other somatic diseases, 5, or 23.80 per cent; manic-depressive psychoses, 2, or 9.52 per cent; involution melancholia, 1, or 4.76 per cent; dementia præcox, 1, or 4.76 per cent; undiagnosed psychoses, 3, or 14.28 per cent; and without psychosis, 1, or 4.67 per cent.

The causes of death during the year, exclusive of temporary care cases, were as follows: general paralysis of the insane, 2, or 9.52 per cent; chronic myocarditis, 2, or 9.52 per cent; bronchopneumonia, 5, or 23.80 per cent; lobar pneumonia, 2, or 9.52 per cent; chronic nephritis, 2, or 9.52 per cent; and 1, or 4.76 per cent, of each of the following causes: influenza, erysipelas, tuberculosis of the lungs, sarcoma of the sacrum, mumps, brain tumor, arteriosclerosis, and other diseases of the circulatory system.

## OUT-PATIENT SERVICE.

The work of the out-patient service consists, in a general way, of the study of the cases referred to that department from the wards of the Psychopathic Hospital or from its social service department, cases referred by courts, schools, social agencies and other hospitals, as well as those referred by individual physicians, and particularly cases coming on their own initiative. The statistical tables showing the number of patients presenting themselves at the out-patient clinics show that there is a remarkable demand on the part of the general public for a service of this type. It is worthy of note that a considerable percentage of these cases include adolescents, between the ages of fourteen and twenty-one years, and children, from two to fourteen years old, as well as quite a number of infants.

The important function of the out-patient service is the mental examination of a rather wide range of individuals of various types. An analysis of the reports of the department shows that this work covers principally cases in which the mental condition of the individual is in question, examination of backward school children, sex offenders, juvenile delinquents and psychoneurotics, studies of families of syphilitics, and the supervision of patients discharged from the wards of the hospital. A study of the statistical tables shows that a large percentage of these cases do not present any evidences of psychoses. This group has to do primarily with mental deficiency, psychopathic personalities, epilepsy and syphilis. Of the actual psychoses represented during the year, psychoneuroses, dementia præcox, manic-depressive insanity, alcoholism and psychoses associated with organic brain disease predominate.

The question often arises as to what is actually accomplished by the operation of an out-patient service in an institution for mental diseases. The actual disposition of these cases as covered in the statistical reports shows that in the majority of the cases presenting themselves nothing more than supervision in the out-patient service is necessary. In a considerable percentage of cases reports are made and advice relative to the

patient is given to some social agency which was responsible for their visit. Observation in the wards of the psychopathic department is recommended in a large number of cases, and commitment in many instances arranged for in institutions for the feeble-minded or State hospitals.

During the year ending Sept. 30, 1920, 1,164 new cases were reported. A classification of the new cases by age groups is shown in the following table: —

	Males.	Females.	Totals.
Infants (under 2 years of age), . . . . .	14	2	16
Children (male, 2 to 14 years; female, 2 to 12 years), .	172	95	267
Adolescents (male, 14 to 21 years; female, 12 to 21 years),	72	206	278
Adults, . . . . .	239	364	603
Total, . . . . .	497	667	1,164

It will be noted that of the total number as shown above, 51.80 per cent were adults, 23.88 per cent adolescents, 22.94 per cent children, and 1.37 per cent infants.

The source of origin of these cases is shown in the following table: —

Referred by courts, . . . . .	49
Referred by schools, . . . . .	62
Referred by other hospitals, . . . . .	100
Referred by social agencies, . . . . .	347
Referred by Red Cross, . . . . .	17
Referred by physicians, . . . . .	134
Referred by psychopathic department, wards, . . . . .	111
Referred by psychopathic department, social service, syphilis division, . . . . .	135
Referred by former patients, . . . . .	94
Referred by board of health, . . . . .	4
Came on own or relatives' initiative, . . . . .	111
Total, . . . . .	1,164

As shown by the above tabulation, 4.21 per cent of these cases were referred by courts, 5.32 per cent by schools, 8.59 per cent by other hospitals, 29.81 per cent by social agencies, 1.46 per cent by the Red Cross, 11.51 per cent by physicians,

9.54 per cent by the wards of the psychopathic department, 9.60 per cent by the syphilis division of the psychopathic social service department, 8.07 per cent by former patients, .34 per cent by the board of health, and 9.54 per cent came on their own initiative or were sent by relatives.

The problems presented by these cases are shown in the following table: —

Mental condition of: —

(a) Returned soldier, . . . . .	10
(b) Adult offenders, . . . . .	23
(c) Juvenile delinquents, . . . . .	101
(d) Sex offenders, . . . . .	34
Unmarried mothers, . . . . .	54
(e) Backward child or person, . . . . .	254
(f) Unemployed person, . . . . .	4
(g) Alcoholic, . . . . .	3
(h) Suspected insane person, . . . . .	149
(i) Child to be placed out or adopted, . . . . .	37
(j) Drug addict, . . . . .	1
Condition of families of syphilitics, . . . . .	133
Question of epilepsy, . . . . .	18
After-care: —	
Patients on visit from Boston State Hospital, . . . . .	1
Patients on visit from other State hospitals, . . . . .	8
Patients discharged from psychopathic department to out-patient service, . . . . .	108
Physical condition, . . . . .	67
Question of psychoneurosis, . . . . .	143
Question of syphilis, . . . . .	15
Occupational advice, . . . . .	1
<hr/>	
Total, . . . . .	1,164

Of the 1,164 cases reported, 50 per cent were cases examined to determine the possible existence of some mental disease, 7.56 per cent were sex offenders, 11.43 per cent were cases sent for examination on account of the existence of syphilis in the family, 9.28 per cent were cases previously discharged from the wards of the psychopathic department, and 5.75 per cent were cases for physical examination only. In 12.28 per cent of these cases the only question at issue was the possible



existence of a psychoneurosis, and in 1.29 per cent the only purpose of the examination was to diagnose syphilis, if present.

The psychoses of these cases were as follows:—

	Males.	Females.	Totals.	TOTAL.		
				Males.	Females.	Totals.
Senile psychoses, . . . . .	—	—	—	—	2	2
Simple deterioration, . . . . .	—	1	1	—	—	—
Presenile type, . . . . .	—	1	1	—	—	—
Psychoses with cerebral arteriosclerosis, . . . . .	—	—	—	6	2	8
General paralysis, . . . . .	—	—	—	12	2	14
Psychoses with cerebral syphilis, . . . . .	—	—	—	1	1	2
Psychoses with Huntington's chorea, . . . . .	—	—	—	—	1	1
Psychoses with other brain or nervous diseases, . . . . .	—	—	—	—	1	1
Acute chorea, . . . . .	—	1	1	—	—	—
Alcoholic psychoses, . . . . .	—	—	—	9	3	12
Acute hallucinosis, . . . . .	3	1	4	—	—	—
Chronic hallucinosis, . . . . .	3	2	5	—	—	—
Chronic paranoid type, . . . . .	2	—	2	—	—	—
Alcoholic deterioration, . . . . .	1	—	1	—	—	—
Psychoses with other somatic diseases, . . . . .	—	—	—	1	3	4
Delirium with infectious disease, . . . . .	—	1	1	—	—	—
Delirium with chorea, . . . . .	1	—	1	—	—	—
Post-infectious psychoses, . . . . .	—	1	1	—	—	—
Cardio-vascular disease, . . . . .	—	1	1	—	—	—
Manic-depressive psychoses, . . . . .	—	—	—	14	17	31
Manic type, . . . . .	2	5	7	—	—	—
Depressive type, . . . . .	11	11	22	—	—	—
Mixed type, . . . . .	1	1	2	—	—	—
Involution melancholia, . . . . .	—	—	—	2	6	8
Dementia præcox, . . . . .	—	—	—	25	30	55
Paranoid type, . . . . .	9	7	16	—	—	—
Catatonic type, . . . . .	3	5	8	—	—	—
Hebephrenic type, . . . . .	12	16	28	—	—	—
Simple type, . . . . .	1	2	3	—	—	—
Paranoia or paranoid conditions, . . . . .	—	—	—	2	2	4
Epileptic psychoses, . . . . .	—	—	—	6	1	7
Epileptic deterioration, . . . . .	4	—	4	—	—	—
Clouded states, . . . . .	—	1	1	—	—	—
Others, . . . . .	2	—	2	—	—	—
Psychoneuroses and neuroses, . . . . .	—	—	—	35	102	137
Hysterical type, . . . . .	1	21	22	—	—	—
Psychasthenic type, . . . . .	16	12	28	—	—	—
Neurasthenic type, . . . . .	17	67	84	—	—	—
Unclassified, . . . . .	1	2	3	—	—	—
Psychoses with psychopathic personality, . . . . .	—	—	—	2	—	2
Psychoses with mental deficiency, . . . . .	—	—	—	—	—	—
Undiagnosed psychoses, . . . . .	—	—	—	3	18	21
Without psychosis, . . . . .	—	—	—	379	476	855
Epilepsy without psychosis, . . . . .	10	6	16	—	—	—
Drug addiction without psychosis, . . . . .	—	1	1	—	—	—

	Males.	Females.	Totals.	TOTAL.		
				Males.	Females.	Totals.
Without psychosis — <i>Con.</i>						
Constitutional psychopathic personality without psychosis, . . . . .	19	40	59			
Mental deficiency without psychosis, . . . . .	136	188	324			
Other types, . . . . .	214	241	455			
Depression, . . . . .	2	2	4			
Conduct disorder, . . . . .	25	60	85			
Illegitimate pregnancy, . . . . .	—	2	2			
Illegitimate maternity, . . . . .	—	9	9			
Incorrigible child, . . . . .	3	—	3			
Underdevelopment, . . . . .	3	—	3			
Speech defect, . . . . .	1	1	2			
Bad environment, . . . . .	—	4	4			
Syphilis, . . . . .	6	16	22			
Neurosyphilis, . . . . .	2	1	3			
Genito-urinary disease, . . . . .	—	1	1			
Cardio-vascular disease, . . . . .	1	2	3			
Organic brain disease, . . . . .	2	1	3			
Pelvic disease, . . . . .	—	1	1			
Ear disease, . . . . .	—	1	1			
Skin disease, . . . . .	1	—	1			
Other physical disease, . . . . .	2	2	4			
Anemia, . . . . .	—	1	1			
Oxaluria, . . . . .	—	1	1			
Hydrocephalus, . . . . .	1	1	2			
Rheumatism, . . . . .	1	—	1			
Enuresis, . . . . .	—	1	1			
Cerebral embolism, . . . . .	1	—	1			
Migraine, . . . . .	—	1	1			
Furunculosis, . . . . .	1	—	1			
Neuritis, . . . . .	—	1	1			
Arthritis, . . . . .	2	—	2			
Polyarthritis, . . . . .	—	1	1			
Arteriosclerosis, . . . . .	3	—	3			
Cerebral arteriosclerosis, . . . . .	—	1	1			
Trigeminal neuralgia, . . . . .	—	1	1			
Chorea, . . . . .	9	5	14			
Myalgia, . . . . .	1	—	1			
Lax abdominal wall, . . . . .	—	1	1			
Head injury, . . . . .	1	—	1			
Pulmonary hemorrhage, . . . . .	1	—	1			
Varicose veins, . . . . .	1	1	2			
Orthopedic foot, . . . . .	1	—	1			
Climacterium, . . . . .	—	1	1			
Admission for Wassermann only, . . . . .	46	46	92			
Domestic incompatibility, . . . . .	1	5	6			
Suicidal threat, . . . . .	—	1	1			
Illiteracy, . . . . .	—	1	1			
Recovered psychosis, . . . . .	2	—	2			
No disease, . . . . .	25	21	46			
Deferred, . . . . .	70	46	116			
Total, . . . . .	. . . . .	. . . . .	. . . . .	497	667	1,164

It will be noted that 1.20 per cent were cases of general paralysis, 1.03 per cent alcoholic psychoses, 2.66 per cent manic-depressive psychoses, 4.72 per cent dementia præcox, 11.77 per cent psychoneuroses, 1.80 per cent undiagnosed psychoses, and 73.45 per cent without psychosis. Of the not insane group, 1.87 per cent were epileptics, 6.90 per cent retarded, 37.89 per cent mental defectives, and 5.38 per cent showed no disease either mental or physical.

The disposition of these cases is shown in the following table: —

	Males.	Females.	Totals.
Observation in wards recommended, . . . .	47	37	84
Commitment to institution for feeble-minded recommended.	30	38	68
Commitment to institution for insane recommended, .	10	10	20
Commitment to penal institution recommended, . .	—	—	—
General hospital care recommended, . . . .	16	19	35
Psychopathic out-patient care recommended, . . .	238	274	512
Report and advice given to school, . . . . .	10	7	17
Report made to court, . . . . .	17	14	31
Report made and advice given to social agency, . .	37	181	218
Report made and advice given to physician, . . .	6	3	9
Treatment for syphilis recommended, . . . . .	10	17	27
No treatment, . . . . .	76	67	143
Totals, . . . . .	497	667	1,164

It will be noted that 43.99 per cent of these cases were looked upon as being proper cases for supervision and treatment in the out-patient service, 5.84 per cent were recommended for commitment to institutions for the feeble-minded, 12.28 per cent required no treatment, and observation in the wards was recommended in 7.21 per cent. It is interesting to note that in only 1.71 per cent of these cases was commitment to institutions for the insane deemed necessary. Three per cent of the cases were referred to general hospitals for further treatment, and 18.73 per cent of the cases were referred to other social agencies with some report as to their subsequent care.

#### SOCIAL SERVICE.

The social service department is under the immediate direction of the chief of social service, Miss Helen L. Myrick, and has included two assistants engaged in the routine work of the department, one assigned to the out-patient service, one engaged in the investigation of syphilis, two connected with the Red Cross, two student internes and five student externes. The work of the department has been described by Miss Myrick as follows: —

## 1. Sources of cases:—

- (a) House medical service, out-patient clinic, other social agencies, friends and relatives, and own initiative.

## 2. Assignments:—

- (a) After the case is referred it is assigned to one of the social workers in rotation. A rotation sheet is kept for this purpose so that each worker has an equal number of cases.

## 3. Investigation:—

- (a) After a case is referred the worker makes a folder for the case.
- (b) Copies social facts from the medical record on memorandum sheet for the social record.
- (c) Interviews the doctor in regard to special problems involved in case.
- (d) Interviews patient on the wards for social history and exact names and addresses of references which she notes on social service record.
- (e) Registers the case at the Confidential Exchange of Information and finds out whether it is known to any other social agencies.
- (f) Registers the case in social service.
- (g) Secures history from agencies by looking up any agencies who already know the patient, and getting facts from them. It may be that one of these agencies is in active touch with the patient and his family, in which case that agency secures the information required by the doctor. In many instances, however, the agencies have known the patient in the past, and are not dealing with him at present, in which case we learn all the facts from their records.
- (h) Writes or telephones relatives or friends from whom the doctors wish to secure history.
- (i) Visits neighbors, employers and other original sources to secure history.

## 4. Morning discussion:—

- (a) At the end of four days every case comes up automatically for morning discussion, which is held every morning from 8.45 to 9.15 A.M. At this time the preliminary investigation is supposed to be completed, and a summary of the case is presented to the social service staff under the headings, economic, health, mental and physical, education, habits and religion, legal. A social analysis is made of the social problems presented, and tentative plans for the future are discussed. At the end of three months every case comes up automatically for discussion, at which time a summary of the history is presented to the staff by the worker, and a summary of the results obtained during the three months is also presented. The original analysis of the social problem is discussed, and if any of the difficulties have been removed we

make a note to that effect, and if any additional difficulties have arisen those are also noted at this time. A discussion is held as to future plans of action.

5. Records: —

(a) Entries on records are kept in chronological order of all history obtained on each patient and all action taken on each patient. This includes advice from the doctors. These records are kept in social service until the case is closed; when they are filed with the medical records.

(b) A copy of the record of outside history secured for diagnosis is given the doctor within twenty-four hours after the case is referred.

6. Monthly statistics: —

(a) The workers keep a statistical sheet on which is noted the name and other statistics of the patient. At the end of each month these statistics are compiled by each worker and then added up for the department as a whole.

7. Expense accounts: —

(a) Each worker keeps account of her traveling expenses incurred in line of duty. These are compiled on the 23d of each month, and given to the chief executive officer.

8. Meetings: —

(a) The director of social work of the Commission on Mental Diseases holds monthly meetings the third Friday of every month, lasting about three hours, for discussion of details of psychiatric social work in connection with State hospitals. The chief of social service or one assistant attends these meetings.

The number of cases coming under actual social service supervision during the year was 428. In addition to this a total of 299 cases were reported by the Red Cross workers, 543 by the social worker assigned to the out-patient service, and 532 by the social workers having charge of the investigation of syphilis, under the direction of the Department of Mental Diseases.

An analysis of the work done by the social service department during the year shows the following cases under supervision: —



	Males.	Females.	Totals.
(a) New cases, . . . . .	159	119	278
(b) Renewed cases, . . . . .	7	26	38
(c) Continued cases, . . . . .	71	46	117
(d) Total number of cases, . . . . .	237	191	428
(e) Cases closed during the year, . . . . .	218	158	376
(f) Cases under care at end of year, . . . . .	19	33	52

The source of origin of the new cases was as follows:—

	Males.	Females.	Totals.
(a) Referred by out-patient service, . . . . .	46	44	90
(b) Referred by house medical service, . . . . .	100	66	166
(c) Referred by other social agencies, . . . . .	14	6	20
(d) Referred by own initiative, . . . . .	—	—	—
(e) Referred by friends and relatives, . . . . .	1	1	2
Total, . . . . .	159	119	278

The purposes for which these cases were referred to the social service department were as follows:—

	Males.	Females.	Totals.
(a) Medical history, . . . . .	88	52	140
(b) Convalescent care:—			
(1) Convalescent home, . . . . .	—	8	8
(2) Sanatorium, . . . . .	—	—	—
(3) Vacation, . . . . .	—	1	1
(c) Assistance in securing employment, . . . . .	18	8	26
(d) Financial aid, . . . . .	7	3	10
(e) Institutional care, . . . . .	5	3	8
(f) Home care, . . . . .	2	6	8
(g) Special education, . . . . .	2	—	2
(h) Occupational therapy, . . . . .	1	—	1
(i) Supervision, . . . . .	8	12	20
(j) Advice, . . . . .	28	26	54
Total, . . . . .	159	119	278

The psychoses of new cases during the year were as follows:—

	Males.	Females.	Totals.
1. Traumatic psychoses, . . . . .	1	—	1
2. Senile psychoses, . . . . .	1	—	1
(a) Simple deterioration, . . . . .	1	—	1
3. Psychoses with cerebral arteriosclerosis, . . . . .	4	1	5
4. General paralysis, . . . . .	12	1	13
5. Psychoses with cerebral syphilis, . . . . .	1	—	1
7. Psychoses with brain tumor, . . . . .	1	—	1
8. Psychoses with other brain or nervous diseases, . . . . .	1	—	1
9. Alcoholic psychoses, . . . . .	4	1	5
(b) Delirium tremens, . . . . .	1	—	1
(d) Acute hallucinosis, . . . . .	2	—	2
(e) Chronic hallucinosis, . . . . .	—	1	1
(g) Chronic paranoid type, . . . . .	1	—	1
10. Psychoses due to drugs and other exogenous toxins, . . . . .	1	—	1
(a) Opium, etc., . . . . .	1	—	1
12. Psychoses with other somatic diseases, . . . . .	1	3	4
(a) Delirium with infectious diseases, . . . . .	1	3	4
13. Manic-depressive psychoses, . . . . .	7	6	13
(a) Manic type, . . . . .	4	2	6
(b) Depressive type, . . . . .	3	4	7
15. Dementia præcox, . . . . .	30	16	46
(a) Paranoid type, . . . . .	14	8	22
(b) Catatonic type, . . . . .	3	—	3
(c) Hebephrenic type, . . . . .	11	6	17
(d) Simple type, . . . . .	2	2	4
16. Paranoia or paranoid conditions . . . . .	7	5	12
17. Epileptic psychoses, . . . . .	1	—	1
(a) Epileptic deterioration, . . . . .	1	—	1
18. Psychoneuroses and neuroses, . . . . .	9	17	26
(a) Hysterical type, . . . . .	1	2	3
(b) Psychasthenic type, . . . . .	3	5	8
(c) Neurasthenic type, . . . . .	5	10	15
20. Psychoses with mental deficiency, . . . . .	2	1	3
21. Undiagnosed psychoses, . . . . .	10	11	21
22. Without psychosis, . . . . .	66	57	123
(a) Epilepsy without psychosis, . . . . .	7	2	9
(b) Alcoholism without psychosis, . . . . .	2	—	2
(c) Drug addiction without psychosis, . . . . .	—	2	2
(d) Psychopathic personality without psychosis, . . . . .	16	19	35
(e) Mental deficiency without psychosis, . . . . .	14	19	33
(f) Others, . . . . .	27	15	42
Conduct disorder, . . . . .	3	1	4
Hysteria, . . . . .	2	—	2
Neurosyphilis, . . . . .	1	2	3
General syphilis, . . . . .	—	1	1
Syphilitic aortitis, . . . . .	1	—	1
Myalgia, . . . . .	1	—	1
Depression, . . . . .	1	2	3
Organic brain disease, . . . . .	—	1	1
Moral delinquent, . . . . .	1	—	1
Delirium of unknown origin, . . . . .	1	—	1
Cardio-vascular disorder, . . . . .	1	—	1
Neuritis, . . . . .	1	—	1
Language difficulty, . . . . .	1	—	1
Cerebral arteriosclerosis, . . . . .	—	1	1
Chorea minor, . . . . .	2	1	3

	Males.	Females.	Totals.
22. Without psychosis — <i>Con.</i>			
(f) Others — <i>Con.</i>			
Stubborn child, . . . . .	1	—	1
Unemployment, . . . . .	1	—	1
Domestic difficulties, . . . . .	2	2	4
Marital incompatibility, . . . . .	—	1	1
Suicidal threats, . . . . .	1	—	1
Retarded, . . . . .	2	—	2
Previous psychosis undifferentiated, . . . . .	1	—	1
Recovered from previous psychosis, . . . . .	1	—	1
Assault charge, . . . . .	1	—	1
Recorded delirium, . . . . .	—	1	1
Deferred, . . . . .	—	1	1
Infectious disease, . . . . .	1	—	1
Pernicious anemia, . . . . .	—	1	1
Total, . . . . .	159	119	278

The social problems presented were as follows: —

	Males.	Females.	Totals.
(a) Disease: —			
(1) Mental, . . . . .	119	91	210
(2) Physical, . . . . .	4	2	6
(b) Poverty, . . . . .	2	6	8
(c) Criminality, . . . . .	5	4	9
(d) Juvenile delinquency, . . . . .	6	1	7
(e) Sex offense, . . . . .	5	1	6
(f) Alcoholism, . . . . .	5	1	6
(g) Family dissension, . . . . .	10	7	17
(h) Ignorance, . . . . .	2	5	7
(i) Bad environment, . . . . .	1	—	1
(j) No social problem, . . . . .	—	1	1
Total, . . . . .	159	119	278

The nature of the service rendered was as follows: —

	Males.	Females.	Totals.
(a) Medical history, . . . . .	90	51	141
(b) Convalescent care: —			
(1) Convalescent home, . . . . .	—	2	2
(2) Sanatorium, . . . . .	—	—	—
(3) Vacation, . . . . .	—	1	1
(c) Assistance in securing employment, . . . . .	9	3	12
(d) Financial aid, . . . . .	7	4	11
(e) Arrangements for institutional care, . . . . .	6	3	9
(f) Arrangements for home care, . . . . .	1	3	4
(g) Arrangements for special education, . . . . .	—	1	1
(h) Occupational therapy, . . . . .	1	—	1
(i) Supervision, . . . . .	2	9	11
(j) Advice, . . . . .	43	42	85
(k) No service rendered, . . . . .	—	—	—
Total, . . . . .	159	119	278

The duration of supervision of cases closed during the year was as follows: —

	Males.	Females.	Totals.
(a) One week or less, . . . . .	62	28	90
(b) One week to two weeks, . . . . .	28	26	54
(c) Two weeks to one month, . . . . .	32	31	63
(d) One to two months, . . . . .	42	22	64
(e) Two to three months, . . . . .	10	11	21
(f) Three to six months, . . . . .	21	20	41
(g) Six months to one year, . . . . .	16	12	28
(h) Over one year, . . . . .	7	8	15
Total, . . . . .	218	158	376

The Red Cross service has been extended to all ex-service men who have been in the wards of the hospital during the year. These cases have been under the immediate supervision of the American Red Cross. Their work, as described by Miss Myrick, "consists of making a brief social examination of every ex-service man who is a patient; looking up history on any of these patients for whom the doctor may need such history to help in the diagnosis; looking up matters of compensation and war risk insurance; steering patients needing social care to home service section of the Red Cross upon their discharge from the department; and of doing social case work with those who need special supervision." This department has had a total of 299 cases under its supervision during the year.

The duty of the social worker assigned to the out-patient service is to see that the patients coming under the supervision of this department report for instructions and treatment to the physician in charge at such time as may be deemed necessary. It has been customary to refer to this as "follow-up service." The social workers connected with the syphilis service of the Department of Mental Diseases have had a total of 199 cases under their supervision during the year, including 192 new cases. Their work covered 80 cases in the wards of the psychopathic department, and 23 reporting at the out-patient service. Miss Clare W. Butler has carried on special social

service investigation of mental diseases and defects in industrial workers. This work has been supported heretofore by private contributions, but will be carried on in the future by the Harvard Medical School.

Special work done by the department during the year includes the instruction of several students from the Smith College Training School for Social Work. These students all had nine months' practical experience. Lectures were given by the chief of social service during the year to groups of third-year Harvard Medical School students on social service topics. She also gave some instruction to students at Wellesley College, nurses in the Public Health Service, Red Cross students and the Federation of Placement Workers.

#### GENERAL STATEMENT.

Attention should be called to the further amplification and systematization of the statistical reports of the work done by the department, which are printed separately in full for the current year for the first time. These will be found on pages 129 to 153, inclusive. Unusual importance should be attached to an analysis of the activities of this institution as the only one of the psychopathic hospitals which comes in contact with practically all of the incipient mental diseases of an entire community, — one of the largest cities in this country, — cases requiring hospital treatment, but which do not come within the purview of the courts and are not committable as insane.

Occupational therapy has been developed materially during the year and is now an important factor in the treatment of the patients in the wards. Many of the patients have shown a remarkable interest in the occupational opportunities offered them, notwithstanding their brief residence in the hospital. The instruction given has included the making of rugs, mats, nets, weaving, basket making, chair repairing, needlework, embroidery, hemstitching, general repairing, etc. This work has been conducted largely on the upper floor of the building, — a very enjoyable place during the summer. Music has usually been furnished during the latter part of the afternoon. Considerable work has also been done in the wards.

Hydrotherapeutic treatments have also been used extensively



during the year. The hydriatic rooms are in active operation throughout the week, with the exception of Sundays, the morning being devoted to the men and the afternoon to the women. The extension of this work is shown by the following report of treatments given during the year: —

Electric cabinet and shower treatments, . . . . .	1,978
Steam cabinet and shower, . . . . .	957
General massage, . . . . .	61
Showers, . . . . .	1,303
Tub baths, . . . . .	43
Total, . . . . .	4,342

It is unfortunate that the continuous bath rooms have not been in very general use, owing to a deplorable shortage in the number of nurses. The roentgenologist has made a large number of examinations during the year, averaging 35 per month.

The work of painting the building was completed during the year, and it has been very much improved in appearance.

The expenditures for the maintenance of the department during the fiscal year were as follows: —

	Amount expended.	Per Capita.	Percentage of Total.
Personal service, . . . . .	\$87,745 68	\$1,011 71	52.81
Travel, transportation and office expenses, . . . . .	3,229 36	37 23	1.94
Food, . . . . .	40,897 49	471 55	24.61
Religious instruction, . . . . .	—	—	—
Clothing and materials, . . . . .	1,634 02	18 84	.98
Furnishings and household supplies, . . . . .	9,519 04	109 76	5.73
Medical and general care, . . . . .	4,091 46	47 17	2.46
Heat, light and power, . . . . .	14,406 76	166 11	8.67
Farm and stable, . . . . .	9 00	10	.01
Grounds, . . . . .	135 11	1 56	.08
Repairs, ordinary, . . . . .	4,489 06	51 76	2.70
Repairs and renewals, . . . . .	—	—	—
Total, . . . . .	\$166,156 98	\$1,915 79	100.00

Based on the average daily population for the year (86.73), the per capita cost of maintenance for the year was \$1,915.79, or \$36.84 per week. Attention has already been called to the fact that the cost of maintenance for a psychopathic department is necessarily out of all proportion to the expenses involved in the operation of an institution conducted along State hospital lines. A much larger number of employees is necessary, a more ample medical staff is required, and a much more expensive type of care is given to the patients. The expenditures necessary are more properly comparable to those of a general hospital. Standards of care are necessarily higher than those of institutions designed exclusively for the care and custody of committable cases.

#### THE MEDICAL STAFF.

There has been a large number of changes in the personnel of the staff during the past year.

I regret to report the resignation of the chief executive officer, Dr. Arthur P. Noyes, which occurred on April 13, 1920. Dr. Noyes has accepted the position of first assistant physician at St. Elizabeth's Hospital in Washington, D. C., where a much wider field of opportunity will be open to him. The work of the chief executive officer is very difficult. The duties of this position were performed in such an excellent way by Dr. Noyes that his resignation will constitute a very decided loss to the hospital.

Dr. Lawson G. Lowrey, the chief medical officer of the department, resigned on June 1, 1920, to accept an appointment at the Psychopathic Hospital, Iowa City, Iowa. This appointment constitutes a well-merited promotion and a recognition of several years of successful work done in this institution.

Dr. Clifford G. Rounsefell, executive officer, resigned on Oct. 14, 1920, to accept an appointment in the Public Health Service.

Dr. John H. Travis, medical officer, resigned on Feb. 29, 1920, to accept an appointment on the staff of the Augusta State Hospital, Augusta, Me.

Dr. William M. Dobson, medical officer, resigned on March 23, 1920, to enter the United States Public Health Service.

Dr. Thomas P. Brennan, appointed assistant medical officer on March 17, 1920, resigned on May 25, 1920, to accept an appointment at the Psychopathic Hospital, Iowa City, Iowa.

Dr. Benjamin L. Elliott, assistant medical officer, resigned on Feb. 29, 1920, to enter the service of the American Red Cross.

Dr. Newman Cohen, assistant medical officer, resigned on Dec. 12, 1919.

Dr. Lloyd V. Thompson, medical interne, was transferred on Dec. 4, 1919, to the staff of the Massachusetts Psychiatric Institute.

Dr. Annette McIntire, who was appointed assistant medical officer on June 19, 1920, resigned Oct. 8, 1920, to accept an appointment on the staff of the California State Hospital.

Dr. Arabella J. Feldkamp, assistant medical officer, resigned on Oct. 3, 1920, to enter the service of the Mental Hygiene Board in West Virginia.

Dr. Goodwin A. Johnson, assistant medical officer, resigned on Sept. 11, 1920, to enter the United States Public Health Service.

Dr. Lewis M. Walker was appointed medical officer March 8, 1920.

Dr. John F. O'Brien was appointed medical officer April 8, 1920.

Dr. Frank J. Gale was appointed assistant executive officer March 9, 1920.

Dr. John R. Frank was appointed assistant medical officer June 1, 1920.

Dr. Max E. Witte, Jr., was appointed graduate interne Aug. 1, 1920.

Dr. Harlan L. Paine, for some time an assistant to the Director of the Commission on Mental Diseases, was appointed chief executive officer on April 14, 1920, to succeed Dr. Arthur P. Noyes, resigned. Dr. Paine has had several years of experience in the State hospital service, and brings to the institution a thorough familiarity with the duties of his position.

The following articles were published by Dr. Lawson G. Lowrey during the year:—

Further Observations on Neurosyphilis and the Psychosis. *Archives of Neurology and Psychiatry*, Vol. 3, May, 1920.

The Technique of Lumbar Puncture. *Boston Medical and Surgical Journal*, Vol. CLXXXII, May, 1920.

Correlation of Data in Cases seen at the Psychopathic Department and Foxborough State Hospital. *Boston Medical and Surgical Journal*, Vol. CLXXXIII, September, 1920.

Statistical Classifications as applied to the Work of Temporary Care Institutions. *Transactions of the American Medico-Psychological Association*, 1919.

The Effect upon the Blood Pressure of the Injection of Adrenalin in Cases of Dementia Præcox (with W. W. Wright). *Boston Medical and Surgical Journal*, Vol. CLXXXIII, August, 1920.

Pupillary Disturbances in 275 Cases of Neurosyphilis (with Mary K. Benedict). *Journal of Nervous and Mental Diseases*, Vol. 52, No. 2, August, 1920.

An Analysis of Suicidal Attempts. To appear shortly in the *Journal of Nervous and Mental Diseases*.

Paranoid Mania. *Journal of Nervous and Mental Diseases*, Vol. 52, No. 14, October, 1920.

Some Common Errors in Psychiatric Diagnosis. *American Journal of Insanity*, October, 1920.

A Study of the Diagnoses in Cases seen at the Psychopathic and Hospital Departments of the Boston State Hospital. Read at the June, 1920, meeting of the American Medical and Surgical Associations. To appear in the *Transactions*, and in the *American Journal of Insanity* for January, 1921.

Dr. Lawson G. Lowrey, during his term of service as chief medical officer, carried on as usual the clinical and ward instruction of the students of the Harvard Medical School, at which place he has served for several years as an instructor in neuropathology and psychiatry. Clinical lectures were also given by the professor of psychiatry of the Tufts Medical School, assisted by the members of the staff at the psychopathic department. Clinical instruction has also been given by Dr. C. Macfie Campbell, professor of psychiatry at the Harvard Medical School.

The numerous changes which have taken place in the personnel of the medical staff of the psychopathic department,

and the absence during a considerable part of the year of a chief medical officer, have imposed numerous additional duties upon the chief executive officer, Dr. Harlan L. Paine. To his activities and to the unusual administrative ability of his predecessor, Dr. Arthur P. Noyes, must be attributed in a large degree the conclusion of the last and most successful year in the history of the psychopathic department.

Respectfully submitted,

JAMES V. MAY,  
*Superintendent.*

Nov. 30, 1920.



## VALUATION.

Nov. 30, 1920.

## REAL ESTATE.

Land (235 acres), . . . . .	\$508,500 00
Buildings, . . . . .	2,980,743 75
	<hr/>
	\$3,489,243 75

## PERSONAL PROPERTY.

Food, . . . . .	\$8,633 45
Clothing and materials, . . . . .	19,147 00
Furnishings and household supplies, . . . . .	146,057 99
Medical and general care, . . . . .	8,548 80
Heat, light and power, . . . . .	9,555 87
Farm, . . . . .	15,933 91
Stable, . . . . .	4,729 01
Repairs, . . . . .	11,269 46
	<hr/>
	\$223,875 49

## SUMMARY.

Real estate, . . . . .	\$3,489,243 75
Personal property, . . . . .	223,875 49
	<hr/>
	\$3,713,119 24

## TREASURER'S REPORT.

*To the Commissioner of Department of Mental Diseases.*

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1920:—

### CASH ACCOUNT.

Balance Dec. 1, 1919,	\$16,236 52
-----------------------	-------------

*Receipts.*

## Institution Receipts.

Board of inmates:—

Private, . . . . .	\$25,619 35	
Reimbursements, insane, . . . .	49,501 10	
	<hr/>	\$75,120 45

Sales: —

Food, . . . . .	\$1,141 74	
Clothing and materials, . . . .	107 94	
Furnishings and household supplies, .	184 34	
Heat, light and power, . . . . .	181 62	
Farm and stable:—		
Pigs and hogs, . . . . .	\$188 18	
Sundries, . . . . .	507 15	
	<hr/>	695 33
Repairs, ordinary, . . . . .	8 60	
Waste paper, . . . . .	28 42	
	<hr/>	2,347 99

Miscellaneous receipts:—

Interest on bank balances, . . . . .	\$714 14	
Sundries, . . . . .	301 69	
	<hr/>	1,015 83
		<hr/>
		78,484 27

*Receipts from Treasury of Commonwealth.*

Maintenance appropriations:—

Balance of 1919,	\$9,212	88
Advance money (amount on hand November 30),	45,000	00
Approved schedules of 1920,	795,469	36
	<hr/>	
Special appropriations,		849,682 24
		290,884 64

Total, . . . . .	\$1,235,287 67
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*Payments.*

## To treasury of Commonwealth:—

Institution receipts, . . . . .	\$78,484 27	
Refunds, account maintenance, . . . . .	224 68	
		<u>\$78,708 95</u>

## Maintenance appropriations:—

Balance November schedule, 1919, . . . . .	\$25,449 40	
Eleven months' schedules, 1920, . . . . .	\$795,469 36	
Less returned, . . . . .	224 68	
		<u>795,244 69</u>
November advances, . . . . .	32,827 27	
		<u>853,521 35</u>

Special appropriations, approved schedules, . . . . . 290,884 64

## Balance, Nov. 30, 1920:—

In bank, . . . . .	\$11,353 54	
In office, . . . . .	819 19	
		<u>12,172 73</u>

Total, . . . . . \$1,235,287 67

## MAINTENANCE.

Balance from previous year, brought forward, . . . . .	\$102 75	
Appropriation, current year, . . . . .	863,800 00	
		<u>\$863,902 75</u>
Expenses (as analyzed below), . . . . .	854,689 01	

Balance reverting to treasury of Commonwealth, . . . . . \$9,213 74

*Analysis of Expenses.*

## Personal services:—

James V. May, superintendent, . . . . .	\$5,050 00	
Medical, . . . . .	33,124 24	
Administration, . . . . .	39,636 24	
Kitchen and dining-room service, . . . . .	15,498 76	
Domestic, . . . . .	28,866 62	
Ward service (male), . . . . .	52,918 99	
Ward service (female), . . . . .	69,293 42	
Industrial and educational department, . . . . .	5,079 33	
Engineering department, . . . . .	35,308 25	
Repairs, . . . . .	14,839 43	
Farm, . . . . .	6,515 16	
Stable, garage and grounds, . . . . .	8,942 07	
		<u>\$315,072 51</u>

## Religious instruction:—

Catholic, . . . . .	\$938 33	
Hebrew, . . . . .	420 00	
Protestant, . . . . .	415 00	
		<u>1,773 33</u>

## Travel, transportation and office expenses:—

Advertising, . . . . .	\$1,053 06	
Postage, . . . . .	493 40	
Printing and binding, . . . . .	1,640 83	

Amounts carried forward, . . . . . \$3,187 29 \$316,845 84

*Amounts brought forward,* . . . . . \$3,187 29 \$316,845 84

Travel, transportation and office expenses — *Con.*

Printing annual report, . . . . .	493 62
Stationery and office supplies, . . . . .	5,347 10
Telephone and telegraph, . . . . .	3,399 17
Travel, . . . . .	1,736 76

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14,163 94

Food:—

Flour, . . . . .	\$28,316 87
Cereals, rice, meal, etc., . . . . .	5,321 76
Bread, crackers, etc., . . . . .	1,902 05
Peas and beans (canned and dried), . . . . .	4,195 41
Macaroni and spaghetti, . . . . .	661 03
Potatoes, . . . . .	11,375 87
Meat, . . . . .	60,601 73
Fish (fresh, cured and canned), . . . . .	8,641 42
Butter, . . . . .	12,164 18
Butterine, etc., . . . . .	10,192 91
Peanut butter, . . . . .	8 57
Cheese, . . . . .	1,999 26
Coffee, . . . . .	3,072 34
Coffee substitutes, . . . . .	805 92
Tea, . . . . .	1,123 49
Cocoa, . . . . .	264 62
Whole milk, . . . . .	42,384 52
Milk (condensed, evaporated, etc.), . . . . .	3,100 92
Eggs (fresh), . . . . .	13,361 45
Sugar (cane), . . . . .	10,994 60
Sugar (maple, etc.), . . . . .	78 59
Fruit (fresh), . . . . .	3,990 96
Fruit (dried and preserved), . . . . .	6,130 38
Lard and substitutes, . . . . .	1,955 91
Molasses and syrups, . . . . .	1,612 12
Vegetables (fresh), . . . . .	7,993 66
Vegetables (canned and dried), . . . . .	2,336 99
Seasonings and condiments, . . . . .	2,344 75
Yeast, baking powder, etc., . . . . .	640 79

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247,573 07

Clothing and materials:—

Boots, shoes and rubbers, . . . . .	\$7,246 88
Clothing (outer), . . . . .	13,907 78
Clothing (under), . . . . .	7,060 51
Dry goods for clothing, . . . . .	952 35
Hats and caps, . . . . .	403 00
Leather and shoe findings, . . . . .	671 47
Machinery for manufacturing, . . . . .	165 79
Socks and smallwares, . . . . .	1,825 86

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32,233 64

Furnishings and household supplies:—

Beds, bedding, etc., . . . . .	\$22,353 08
Carpets, rugs, etc., . . . . .	3,156 32
Crockery, glassware, cutlery, etc., . . . . .	4,529 58
Dry goods and smallwares, . . . . .	346 15

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*Amounts carried forward,* . . . . . \$30,385 13 \$610,816 49

*Amounts brought forward,* . . . . . \$30,385 13 \$610,816 49

**Furnishings and household supplies — *Con.***

Electric lamps, . . . . .	1,886 70	
Fire hose and extinguishers, . . . . .	47	
Furniture, upholstery, etc., . . . . .	5,528 14	
Kitchen and household wares, . . . . .	7,587 14	
Laundry supplies and materials, . . . . .	6,134 61	
Lavatory supplies and disinfectants, . . . . .	3,849 39	
Machinery for manufacturing, . . . . .	1 75	
Table linen, paper napkins, towels, etc., . . . . .	3,604 99	
		<hr/>
		58,978 32

**Medical and general care: —**

Books, periodicals, etc., . . . . .	\$314 78	
Entertainments, games, etc., . . . . .	1,045 94	
Funeral expenses, . . . . .	311 80	
Gratuities, . . . . .	835 85	
Ice and refrigeration, . . . . .	705 68	
Laboratory supplies and apparatus, . . . . .	965 32	
Manual training supplies, . . . . .	16 98	
Medicines (supplies and apparatus), . . . . .	6,515 85	
Medical attendance (extra), . . . . .	521 50	
Patients boarded out, . . . . .	575 42	
Return of runaways, . . . . .	9 03	
School books and supplies, . . . . .	33 00	
Sputum cups, etc., . . . . .	45 00	
Tobacco, pipes, matches, . . . . .	1,865 49	
Water, . . . . .	5,414 87	
Rent, . . . . .	1,200 00	
		<hr/>
		20,376 51

**Heat, light and power: —**

Coal (bituminous), . . . . .	\$95,356 97	
Freight and cartage, . . . . .	13,632 45	
Coal (screenings), . . . . .	1,230 41	
Coal (anthracite), . . . . .	1,592 13	
Freight and cartage, . . . . .	2 65	
Electricity, . . . . .	157 02	
Gas, . . . . .	716 40	
Oil, . . . . .	849 65	
Operating supplies for boilers and engines, . . . . .	1,037 93	
		<hr/>
		114,575 61

**Farm: —**

Bedding materials, . . . . .	\$17 10	
Blacksmithing and supplies, . . . . .	774 59	
Carriages, wagons and repairs, . . . . .	655 49	
Fencing materials, . . . . .	74 35	
Fertilizers, . . . . .	1,790 82	
Grain, etc., . . . . .	3,866 00	
Harnesses and repairs, . . . . .	214 33	
Labor (not on pay roll), . . . . .	575 00	
Road work and materials, . . . . .	9 00	
Spraying materials, . . . . .	4 95	
Stable and barn supplies, . . . . .	67 88	
		<hr/>

*Amounts carried forward,* . . . . . \$8,049 51 \$804,746 93



*Amounts brought forward,* . . . . . \$8,049 51 \$804,746 93

*Farm — Con.*

Tools, implements, machines, etc., . . . . .	2,911 72	
Trees, vines, seeds, etc., . . . . .	621 15	
Veterinary services, supplies, etc., . . . . .	650 56	
		12,232 94

*Garage, stable and grounds: —*

Motor vehicles, . . . . .	\$4,670 74	
Automobile repairs and supplies, . . . . .	5,057 82	
Blacksmithing and supplies, . . . . .	33 50	
Fertilizers, . . . . .	2 45	
Grain, . . . . .	885 00	
Harnesses and repairs, . . . . .	8 80	
Labor (not on pay roll), . . . . .	339 00	
Rent, . . . . .	60 00	
Road work and materials, . . . . .	223 20	
Spraying materials, . . . . .	51 39	
Stable supplies, . . . . .	57 46	
Tools, implements, machines, etc., . . . . .	330 84	
Trees, vines, seeds, etc., . . . . .	1,364 15	
		13,084 35

*Repairs, ordinary: —*

Cement, lime, crushed stone, etc., . . . . .	\$2,528 08	
Electrical work and supplies, . . . . .	2,421 28	
Hardware, iron, steel, etc., . . . . .	3,762 51	
Lumber, etc. (including finished products), . . . . .	1,313 50	
Paint, oil, glass, etc., . . . . .	3,767 48	
Plumbing and supplies, . . . . .	1,885 55	
Roofing and materials, . . . . .	3,390 44	
Steam fittings and supplies, . . . . .	1,858 32	
Tools, machines, etc., . . . . .	46 69	
Boilers, repairs, . . . . .	1,416 34	
Dynamos, repairs, . . . . .	73 21	
Engines, repairs, . . . . .	175 21	
		22,638 61

*Repairs and renewals: —*

Universal press, . . . . .	\$334 75	
Marking machine, . . . . .	361 97	
Laundry tubs, . . . . .	729 92	
Moving-picture machine and booth, . . . . .	559 54	
		1,986 18

Total expenses for maintenance, . . . . . \$854,689 01

RESOURCES AND LIABILITIES.

*Resources.*

Cash on hand, . . . . .	\$12,172 73	
November cash vouchers (paid from advance money), account of maintenance, . . . . .	32,827 27	
		\$45,000 00
Due from treasury of Commonwealth from available appropriation account November, 1920, schedule, . . . . .		14,444 33

\$59,444 33

*Liabilities.*

Schedule of November bills, . . . . .	\$59,444 33
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## PER CAPITA.

During the year the average number of inmates has been 1,813.69.

Total cost for maintenance, \$854,689.01.

Equal to a weekly per capita cost of \$9.06.

Receipt from sales, \$2,347.99.

Equal to a weekly per capita of \$0.0248.

All other institution receipts, \$76,136.28.

Equal to a weekly per capita of \$0.8072.

Respectfully submitted,

ADELINE J. LEARY,

*Treasurer.*

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

ALONZO B. COOK,

*Auditor.*

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# STATISTICAL TABLES

AS ADOPTED BY AMERICAN MEDICO-PSYCHOLOGICAL  
ASSOCIATION

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PRESCRIBED BY MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

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# STATISTICAL TABLES.

## HOSPITAL DEPARTMENT.

TABLE 1. *General Information.*

1. Date of opening as an institution for the insane: Dec. 11, 1839.	
2. Type of institution: State since Dec. 1, 1908.	
3. Hospital plant:—	
Value of hospital property:—	
Real estate including buildings, . . . . .	\$2,906,568 75
Personal property, . . . . .	198,176 11
Total, . . . . .	\$3,104,744 86
Total acreage of hospital property owned, 232.87.	
Total acreage under cultivation during previous year, 147.36.	

	ACTUALLY IN SERVICE AT END OF YEAR.			VACANCIES AT END OF YEAR.		
	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.
4. Officers and employees:—						
Superintendents, . . . . .	1	—	1	—	—	—
Assistant superintendents, . . . . .	1	—	1	—	—	—
Assistant physicians, . . . . .	5	3	8	1	—	1
Pathologist, . . . . .	—	—	—	1	—	1
Clinical assistants, . . . . .	—	—	—	—	—	—
Total physicians, . . . . .	7	3	10	2	—	2
Stewards, . . . . .	1	—	1	—	—	—
Resident dentists, . . . . .	1	—	1	—	—	—
Graduate nurses, . . . . .	—	19	19	—	—	—
Other nurses and attendants, . . . . .	86	77	163	4	26	30
Teachers of occupational therapy, . . . . .	3	3	6	—	1	1
Social workers, . . . . .	—	2	2	—	—	—
All other officers and employees, . . . . .	75	60	135	4	6	10
Total officers and employees, . . . . .	173	164	337	10	33	43



TABLE 1. — *General Information* — Concluded.

	ACTUALLY IN INSTITUTION.			ABSENT FROM INSTITUTION BUT STILL ON BOOKS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.
5. Census of patient population at end of year: —						
White: —						
Insane, . . . . .	753	979	1,732	87	160	247
Epileptics, . . . . .	—	—	—	—	—	—
Mental defectives, . . . . .	—	—	—	—	—	—
Alcoholics, . . . . .	—	—	—	—	—	—
Drug addicts, . . . . .	—	—	—	—	—	—
Neurosypilitics (without psychosis), . . . . .	—	—	—	—	—	—
All other cases, . . . . .	—	—	—	—	—	—
Total, . . . . .	753	979	1,732	87	160	247
Colored: —						
Insane, . . . . .	14	17	31	—	6	6
Epileptics, . . . . .	—	—	—	—	—	—
Mental defectives, . . . . .	—	—	—	—	—	—
Alcoholics, . . . . .	—	—	—	—	—	—
Drug addicts, . . . . .	—	—	—	—	—	—
Neurosypilitics (without psychosis), . . . . .	—	—	—	—	—	—
All other cases, . . . . .	—	—	—	—	—	—
Total, . . . . .	14	17	31	—	6	6
Grand total, . . . . .	767	996	1,763	87	166	253
6. Patients employed in industrial classes or in general hospital work on date of report, . . . . .	Males.	Females.	Totals.			
	440	344	784			
7. Average daily number of all patients actually in institution during year, . . . . .	751.95	949.39	1,701.34			
8. Voluntary patients admitted during year, . . . . .	—	6	6			
9. Persons given advice or treatment in out-patient clinics during year, . . . . .	—	—	—			
Average daily number of patients on visit, . . . . .	83.02	152.32	235.34			
Average daily number of patients on escape, . . . . .	4.93	1.70	6.63			
Average daily number of patients in family care, . . . . .	—	9.28	9.28			

TABLE 2. — *Financial Statement.*

See treasurer's report for data requested under this table.

TABLE 3. — *Movement of Insane Patient Population for Year beginning Oct. 1, 1919, and ending Sept. 30, 1920.*

	Males.	Females.	Totals.
1. Insane patients on books of institution at beginning of institution year, . . . . .	803	1,084	1,887
2. Admissions during year:—			
(a) First admissions, . . . . .	48	109	157
(b) Readmissions, . . . . .	20	25	45
Received from psychopathic department, . . . . .	180	170	350
(c) Transfers from other institutions for mental diseases, . . . . .	3	6	9
3. Total received during year, . . . . .	251	310	561
4. Total on books during year, . . . . .	1,054	1,394	2,448
5. Discharged from books during year:—			
(a) As recovered, . . . . .	21	40	61
(b) As improved, . . . . .	38	57	95
(c) As unimproved, . . . . .	11	16	27
(d) As without psychosis, . . . . .	1	2	3
(e) Transferred to other institutions for mental diseases, . . . . .	11	10	21
To psychopathic department, . . . . .	2	—	2
(f) Died during year, . . . . .	116	107	223
6. Total discharged, transferred and died during year, . . . . .	200	232	432
7. Insane patients remaining on books of institution at end of institution year, . . . . .	854	1,162	2,016

TABLE 3. — *Movement of Population for the Entire Institution Oct. 1, 1919, to Sept. 30, 1920.*

	INSANE.						TEMPORARY CARE.					
	HOSPITAL.			PSYCHOPATHIC DEPARTMENT.			HOSPITAL.			PSYCHOPATHIC DEPARTMENT.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients on books at beginning of institution year,	803	1,084	1,887	57	67	124	—	—	—	17	11	28
Admissions during the year: —												
First admissions, . . . . .	48	109	157	274	263	537	—	—	—	466	406	872
Readmissions, . . . . .	20	25	45	98	69	167	—	—	—	98	79	177
Total admissions, . . . . .	68	134	202	372	332	704	—	—	—	564	485	1,049
Transfers from other institutions for insane,	3	6	9	—	1	1	—	—	—	—	—	—
From hospital department, . . . . .	—	—	—	2	—	2	—	—	—	—	—	—
From psychopathic department, . . . . .	180	170	350	—	—	—	1	—	1	—	—	—
Committed from temporary care, . . . . .	—	—	—	7	6	13	—	—	—	—	—	—
Temporary care from voluntary, . . . . .	—	—	—	—	—	—	—	—	—	—	1	1
Total received during the year, . . . . .	251	310	561	381	339	720	1	—	1	564	486	1,050
Total under treatment during the year, . . . . .	1,054	1,394	2,448	438	406	844	1	—	1	581	497	1,078

## Discharged from books during the year: —

As recovered, . . . . .	21	40	61	5	4	9	26	44	70	—	—	—	21	11	32	21	11	32
As improved, . . . . .	38	57	95	39	36	75	77	93	170	—	—	—	74	43	117	74	43	117
As unimproved, . . . . .	11	16	27	56	42	98	67	58	125	—	—	—	312	252	564	312	252	564
As without psychosis, . . . . .	1	2	3	61	49	110	62	51	113	1	—	—	132	159	291	133	159	292
Transferred to hospital department, . . . . .	—	—	—	180	170	350	—	—	—	—	—	—	1	—	1	—	—	—
Transferred to psychopathic department, . . . . .	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Transferred to other institutions for insane, . . . . .	11	10	21	3	6	9	14	16	30	—	—	—	—	—	—	—	—	—
From voluntary to temporary care, . . . . .	—	—	—	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
From temporary care to committed, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	7	6	13	7	6	13
Died during the year, . . . . .	116	107	223	11	10	21	127	117	244	—	—	—	18	15	33	18	15	33
Total discharged and died during the year, . . . . .	200	232	432	355	318	673	373	380	753	1	—	—	565	486	1,051	565	486	1,051
Patients remaining on books at end of institution year, . . . . .	854	1,162	2,016	83	88	171	937	1,250	2,187	—	—	—	16	11	27	16	11	27

TABLE 4. — *Nativity of First Admissions and of Parents of First Admissions for the Year ending Sept. 30, 1920.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	Males.	Females.	Totals.	Fathers.	Mothers.	Both Parents.	Fathers.	Mothers.	Both Parents.
United States, . . . . .	27	52	79	9	10	9	25	19	17
Austria, . . . . .	1	1	2	1	1	1	1	1	1
Canada, <sup>1</sup> . . . . .	4	16	20	1	2	1	8	11	8
England, . . . . .	1	2	3	1	1	—	4	4	3
Germany, . . . . .	—	2	2	1	—	—	3	3	3
Holland, . . . . .	—	1	1	—	—	—	1	1	1
Ireland, . . . . .	7	23	30	11	10	10	39	38	36
Italy, . . . . .	1	3	4	1	1	1	2	2	2
Poland, . . . . .	—	2	2	—	—	—	2	2	2
Russia, . . . . .	4	3	7	6	6	6	3	3	3
Scotland, . . . . .	1	—	1	2	2	2	3	2	2
South America, . . . . .	—	—	—	—	—	—	—	1	—
Sweden, . . . . .	1	1	2	1	1	1	1	1	1
Turkey in Europe, . . . . .	1	1	2	1	1	1	—	—	—
West Indies, <sup>2</sup> . . . . .	—	2	2	—	—	—	2	1	1
Unascertained, . . . . .	—	—	—	13	13	13	15	20	13
Total, . . . . .	48	109	157	48	48	45	109	109	93

<sup>1</sup> Includes Newfoundland.<sup>2</sup> Except Cuba and Porto Rico.TABLE 5. — *Citizenship of First Admissions for the Year ending Sept. 30, 1920.*

	Males.	Females.	Totals.
Citizens by birth, . . . . .	27	52	79
Citizens by naturalization, . . . . .	7	19	26
Aliens, . . . . .	14	24	38
Citizenship unascertained, . . . . .	—	14	14
Total, . . . . .	48	109	157



TABLE 6. — *Psychoses of First Admissions for the Year ending Sept. 30, 1920.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, . . . . .	1	-	1			
2. Senile, total, . . . . .	11	33	44			
(a) Simple deterioration, . . . . .	9	16	25			
(b) Presbyophrenic type, . . . . .	-	1	1			
(c) Delirious and confused states, . . . . .	-	-	-			
(d) Depressed and agitated states in addition to deterioration, . . . . .	-	1	1			
(e) Paranoid states in addition to deterioration, . . . . .	2	15	17			
(f) Presenile types, . . . . .	-	-	-			
3. With cerebral arteriosclerosis, . . . . .	10	19	29			
4. General paralysis, . . . . .	6	7	13			
5. With cerebral syphilis, . . . . .	1	-	1			
6. With Huntington's chorea, . . . . .	-	1	1			
7. With brain tumor, . . . . .	1	-	1			
8. With other brain or nervous diseases, total, . . . . .	-	-	-			
Cerebral embolism, . . . . .	-	-	-			
Paralysis agitans, . . . . .	-	-	-			
Meningitis, tuberculous or other forms, . . . . .	-	-	-			
Multiple sclerosis, . . . . .	-	-	-			
Tabes, . . . . .	-	-	-			
Acute chorea, . . . . .	-	-	-			
Other conditions, . . . . .	-	-	-			
9. Alcoholic, total, . . . . .	1	3	4			
(a) Pathological intoxication, . . . . .	-	-	-			
(b) Delirium tremens, . . . . .	-	-	-			
(c) Acute hallucinosis, . . . . .	-	2	2			
(d) Acute paranoid type, . . . . .	1	-	1			
(e) Korsakow's psychosis, . . . . .	-	-	-			
(f) Chronic hallucinosis, . . . . .	-	1	1			
(g) Chronic paranoid type, . . . . .	-	-	-			
(h) Alcoholic deterioration, . . . . .	-	-	-			
(i) Other types, acute or chronic, . . . . .	-	-	-			
10. Due to drugs and other exogenous toxins, total, . . . . .	-	-	-			
(a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined, . . . . .	-	-	-			
(b) Metals, as leads, arsenic, etc., . . . . .	-	-	-			
(c) Gases, . . . . .	-	-	-			
(d) Other exogenous toxins, . . . . .	-	-	-			
11. With pellagra, . . . . .	-	-	-			
12. With other somatic diseases, total, . . . . .	1	5	6			
(a) Delirium with infectious diseases, . . . . .	-	-	-			
(b) Post-infectious psychoses, . . . . .	-	-	-			
(c) Exhaustion delirium, . . . . .	-	2	2			
(d) Delirium of unknown origin, . . . . .	-	-	-			
(e) Diseases of the ductless glands, . . . . .	-	-	-			
(f) Cardio-renal disease, . . . . .	-	2	2			
(g) Other diseases or conditions, . . . . .	1	1	2			
Influenza, . . . . .	1	-	1			
Encephalitis lethargica, . . . . .	-	1	1			
13. Manic-depressive, total, . . . . .	1	10	11			
(a) Manic type, . . . . .	-	2	2			
(b) Depressive type, . . . . .	1	7	8			
(c) Stupor, . . . . .	-	-	-			
(d) Mixed type, . . . . .	-	1	1			
(e) Circular type, . . . . .	-	-	-			
14. Involution melancholia, . . . . .	1	1	2			

TABLE 6. — *Psychoses of First Admissions for the Year ending Sept. 30, 1920 — Concluded.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
15. Dementia præcox, total, . . . . .				10	11	21
(a) Paranoid type, . . . . .	4	6	10			
(b) Katatonic type, . . . . .	3	3	6			
(c) Hebephrenic type, . . . . .	1	2	3			
(d) Simple type, . . . . .	2	1	2			
16. Paranoia and paranoid conditions, . . . . .				1	12	13
17. Epileptic, total, . . . . .				-	2	2
(a) Deterioration, . . . . .		2	2			
(b) Clouded states, . . . . .		1	1			
(c) Other conditions, . . . . .		-	-			
18. Psychoneuroses and neuroses, total, . . . . .				-	-	-
(a) Hysterical type, . . . . .		-	-			
(b) Psychasthenic type, . . . . .		-	-			
(c) Neurasthenic type, . . . . .		-	-			
(d) Anxiety neuroses, . . . . .		-	-			
19. With psychopathic personality, . . . . .				-	1	1
20. With mental deficiency, . . . . .				1	3	4
21. Undiagnosed, . . . . .				2	1	3
22. Without psychosis, total, . . . . .				-	-	-
(a) Epilepsy without psychosis, . . . . .		-	-			
(b) Alcoholism without psychosis, . . . . .		-	-			
(c) Drug addiction without psychosis, . . . . .		-	-			
(d) Psychopathic personality without psychosis, . . . . .		-	-			
(e) Mental deficiency without psychosis, . . . . .		-	-			
(f) Others, . . . . .		-	-			
Total, . . . . .				48	109	157









TABLE 8. — *Age of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.*

PSYCHOSSES.	YEARS.																							
	TOTAL.			UNDER 15.			15-19.			20-24.			25-29.			30-34.			35-39.			40-44.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
1. Traumatic,	1	33	1																					
2. Senile,	11	29	40																					
3. With cerebral arteriosclerosis,	10	19	29																					
4. General paralysis,	6	7	13																					
5. With cerebral syphilis,	1	1	2																					
6. With Huntington's chorea,	1	1	2																					
7. With brain tumor,	1	1	2																					
8. With other brain or nervous diseases,	1	3	4																					
9. Alcoholic,	1	3	4																					
10. Due to drugs and other exogenous toxins,	1	5	6																					
11. With pellagra,	1	10	11																					
12. With other somatic diseases,	1	1	2																					
13. Manic-depressive,	10	11	21																					
14. Involution melancholia,	10	11	21																					
15. Dementia precox,	11	12	23																					
16. Paranoia or paranoid conditions,	1	2	3																					
17. Epileptic,	1	2	3																					
18. Psychoneuroses and neuroses,	1	1	2																					
19. With psychopathic personality,	1	3	4																					
20. With mental deficiency,	2	1	3																					
21. Undiagnosed,	1	1	2																					
22. Without psychosis,	1	1	2																					
Total,	48	109	157				2	1	3	4	1	5	2	2	4	4	6	10	2	7	9	4	14	18

TABLE 8. — *Age of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920 — Concluded.*

PSYCHOSES.	YEARS.												UNASCERTAINED.					
	45-49.			50-54.			55-59.			60-64.			65-69.			70 AND OVER.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic.	—	—	—	1	—	1	—	—	—	—	—	—	1	3	4	—	—	—
2. Senile.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis.	—	—	—	1	—	1	1	2	3	2	3	5	3	6	9	10	27	37
4. General paralysis.	—	1	1	—	1	1	—	2	4	1	—	1	—	—	—	3	8	11
5. With cerebral syphilis.	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea.	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
7. With brain tumor.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic.	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Manic-depressive.	—	3	3	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—
14. Involution melancholia.	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia praecox.	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
16. Paranoia or paranoid conditions.	—	3	3	—	1	1	—	2	2	—	—	—	—	1	1	—	—	—
17. Epileptic.	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed.	—	—	—	1	1	2	—	—	1	—	—	—	—	—	—	—	—	—
22. Without psychosis.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total.	—	9	9	5	6	11	4	7	11	4	8	12	4	13	17	13	35	48

TABLE 9. — Degree of Education of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.

PSYCHOSES.	TOTAL.			ILLITERATE.			READS AND WRITES.			COMMON SCHOOL.			HIGH SCHOOL.			COLLEGE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, . . . . .	1	—	1	—	—	—	1	—	1	8	19	27	2	5	7	—	—	—	—	—	—
2. Senile, . . . . .	11	33	44	—	7	7	1	1	2	4	10	14	—	2	2	—	—	—	—	—	—
3. With cerebral arteriosclerosis, . . . . .	10	19	29	2	4	6	4	2	6	4	10	14	—	2	2	—	—	—	—	—	—
4. General paralysis, . . . . .	6	7	13	1	2	3	2	—	2	4	6	1	—	1	1	—	—	—	—	—	—
5. With cerebral syphilis, . . . . .	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor, . . . . .	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic, . . . . .	1	3	4	1	—	1	—	—	1	—	2	2	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases, . . . . .	1	5	6	—	—	—	—	—	—	1	2	3	—	—	—	—	—	—	—	—	—
13. Manic-depressive, . . . . .	1	10	11	—	2	2	—	3	3	1	1	2	—	3	3	1	1	1	1	1	1
14. Involution melancholia, . . . . .	1	1	2	—	—	—	—	—	—	1	1	1	—	1	1	—	—	—	—	—	—
15. Dementia præcox, . . . . .	10	11	21	—	1	1	—	3	3	5	7	12	1	5	6	—	—	—	—	—	—
16. Paranoia or paranoid conditions, . . . . .	1	12	13	—	1	1	1	2	3	8	8	1	—	1	1	—	—	—	—	—	—
17. Epileptic, . . . . .	—	2	2	—	—	—	—	—	—	—	1	1	—	1	1	—	—	—	—	—	—
18. Psychoneuroses and neuroses, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality, . . . . .	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
20. With mental deficiency, . . . . .	1	3	4	—	2	2	—	—	—	—	1	1	—	2	2	—	—	—	—	—	—
21. Undiagnosed, . . . . .	2	1	3	1	—	1	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—
22. Without psychosis, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total, . . . . .	48	109	157	5	19	24	9	14	23	25	58	83	8	14	22	—	1	1	1	3	4

TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, . . . . .	1	1	1	1	—	1	—	—	—	—	—	—
2. Senile, . . . . .	11	33	44	11	33	44	—	—	—	—	—	—
3. With cerebral arteriosclerosis, . . . . .	10	19	29	10	19	29	—	—	—	—	—	—
4. General paralysis, . . . . .	6	7	13	6	7	13	—	—	—	—	—	—
5. With cerebral syphilis, . . . . .	1	—	1	1	—	1	—	—	—	—	—	—
6. With Huntington's chorea, . . . . .	—	1	1	—	1	1	—	—	—	—	—	—
7. With brain tumor, . . . . .	1	—	1	1	—	1	—	—	—	—	—	—
8. With other brain or nervous diseases, . . . . .	1	—	1	1	—	1	—	—	—	—	—	—
9. Alcoholic, . . . . .	1	3	4	1	3	4	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases, . . . . .	1	5	6	1	4	5	—	—	—	—	—	—
13. Manic-depressive, . . . . .	1	10	11	1	10	11	1	1	2	—	—	—
14. Involution melancholia, . . . . .	1	1	2	1	1	2	—	—	—	—	—	—
15. Dementia praecox, . . . . .	10	11	21	10	11	21	—	—	—	—	—	—
16. Paranoia or paranoid conditions, . . . . .	1	2	3	1	2	3	—	—	—	—	—	—
17. Epileptic, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses, . . . . .	—	1	1	—	1	1	—	—	—	—	—	—
19. With psychopathic personality, . . . . .	1	3	4	1	3	4	—	—	—	—	—	—
20. With mental deficiency, . . . . .	2	1	3	2	1	3	—	—	—	—	—	—
21. Undiagnosed, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—
Total, . . . . .	48	109	157	48	108	156	—	1	1	—	—	—

TABLE 11. — *Economic Condition of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.*

PSYCHOSES.	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	1	33	1	6	9	15	1	15	1	1	9	1	1	1	1
2. Senile,	11	44	55	4	4	8	5	15	20	2	9	9	1	1	1
3. With cerebral arteriosclerosis,	10	19	29	3	1	4	4	11	15	1	4	6	1	1	1
4. General paralysis,	6	7	13	1	1	2	3	6	9	1	1	2	1	1	1
5. With cerebral syphilis,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1
6. With Huntington's chorea,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1
7. With brain tumor,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1
8. With other brain or nervous diseases,	1	3	4	1	1	2	1	2	3	1	1	2	1	1	1
9. Alcoholic,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1
10. Due to drugs and other exogenous toxins,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1
11. With pellagra,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1
12. With other somatic diseases,	1	5	6	1	1	2	1	4	5	1	2	3	1	1	1
13. Manic-depressive,	1	10	11	1	1	2	1	7	8	1	1	2	1	1	1
14. Involution melancholia,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1
15. Dementia precox,	10	11	21	2	2	4	7	8	15	1	1	2	1	1	1
16. Paranoia or paranoid conditions,	1	12	13	1	2	3	1	2	3	1	2	3	1	1	1
17. Epileptic,	1	2	3	1	1	2	1	2	3	1	1	2	1	1	1
18. Psychoneuroses and neuroses,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1
19. With psychopathic personality,	1	3	4	1	1	2	1	1	2	1	1	2	1	1	1
20. With mental deficiency,	2	1	3	1	1	2	1	1	2	1	1	2	1	1	1
21. Undiagnosed,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1
22. Without psychosis,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1
Total,	48	109	157	17	22	39	27	65	92	4	20	24	1	2	2



TABLE 12. — *Use of Alcohol by First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.*

Psychoses.	TOTAL.			ABSTINENT.			TEMPERATE.			INTEMPERATE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, . . . . .	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
2. Senile, . . . . .	11	33	44	6	23	29	3	5	8	2	—	2	—	—	—
3. With cerebral arteriosclerosis, . . . . .	10	19	29	4	12	16	5	6	11	1	1	2	—	—	—
4. General paralysis, . . . . .	6	7	13	—	5	5	4	1	5	2	—	3	—	—	—
5. With cerebral syphilis, . . . . .	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
6. With Huntington's chorea, . . . . .	1	1	2	—	1	2	—	—	—	—	—	—	—	—	—
7. With brain tumor, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases, . . . . .	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
9. Alcoholic, . . . . .	1	3	4	—	—	—	—	—	—	1	3	4	—	—	—
10. Due to drugs and other exogenous toxins, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases, . . . . .	1	5	6	—	2	2	1	1	3	—	—	—	—	—	—
13. Manic-depressive, . . . . .	1	10	11	1	6	7	—	3	3	—	—	—	—	—	—
14. Involution melancholia, . . . . .	1	1	2	1	1	2	1	1	2	—	—	—	1	1	2
15. Dementia praecox, . . . . .	10	11	21	6	5	11	3	2	5	1	2	3	—	—	—
16. Paranoia or paranoid conditions, . . . . .	1	12	13	1	2	3	—	4	4	—	—	—	—	—	—
17. Epileptic, . . . . .	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses, . . . . .	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
19. With psychopathic personality, . . . . .	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency, . . . . .	1	3	4	1	1	2	—	1	1	1	—	1	—	—	—
21. Undiagnosed, . . . . .	2	1	3	1	—	1	—	—	—	—	—	—	—	—	—
22. Without psychosis, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total, . . . . .	48	109	157	20	65	85	18	26	44	10	10	20	—	8	8

TABLE 13. — *Marital Condition of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.*

PSYCHOSES.	TOTAL.			SINGLE.			MARRIED.			WIDOWED.			SEPARATED.			DIVORCED.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, . . . . .	1	—	1	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile, . . . . .	11	33	44	1	9	10	4	5	9	6	19	25	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis, . . . . .	—	10	10	1	4	5	5	6	11	2	9	11	1	—	1	1	—	1	—	—	—
4. General paralysis, . . . . .	6	7	13	1	—	1	5	3	8	—	2	2	—	—	2	1	—	—	—	—	—
5. With cerebral syphilis, . . . . .	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea, . . . . .	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
7. With brain tumor, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases, . . . . .	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic, . . . . .	1	3	4	1	2	3	1	—	1	—	1	1	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases, . . . . .	1	5	6	1	1	2	—	2	6	—	2	2	—	—	—	—	—	—	—	—	—
13. Manic-depressive, . . . . .	1	10	11	1	2	3	—	6	6	—	1	1	1	—	1	—	—	—	—	—	—
14. Involution melancholia, . . . . .	—	1	1	1	1	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia precox, . . . . .	10	11	21	9	3	12	1	7	8	—	—	—	—	—	—	—	—	—	—	—	—
16. Paranoia or paranoid conditions, . . . . .	1	12	13	1	3	4	—	5	5	—	4	4	—	—	—	—	—	—	—	—	—
17. Epileptic, . . . . .	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses, . . . . .	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality, . . . . .	1	3	4	1	2	3	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
20. With mental deficiency, . . . . .	—	2	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed, . . . . .	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total, . . . . .	48	109	157	16	30	46	21	34	55	9	41	50	1	3	4	1	1	2	—	—	—

TABLE 14. — *Psychoses of Readmissions for the Year ending Sept. 30, 1920.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, . . . . .	-	-	-	-	-	-
2. Senile, total, . . . . .	-	-	-	-	1	1
(a) Simple deterioration, . . . . .	-	-	-	-	-	-
(b) Presbyophrenic type, . . . . .	-	-	-	-	-	-
(c) Delirious and confused states, . . . . .	-	-	-	-	-	-
(d) Depressed and agitated states in addition to deterioration, . . . . .	-	-	-	-	-	-
(e) Paranoid states in addition to deterioration, . . . . .	-	1	1	-	-	-
(f) Pre-senile types, . . . . .	-	-	-	-	-	-
3. With cerebral arteriosclerosis, . . . . .	-	-	-	4	3	7
4. General paralysis, . . . . .	-	-	-	1	-	1
5. With cerebral syphilis, . . . . .	-	-	-	-	1	1
6. With Huntington's chorea, . . . . .	-	-	-	-	-	-
7. With brain tumor, . . . . .	-	-	-	-	-	-
8. With other brain or nervous diseases, total, . . . . .	-	-	-	-	-	-
Cerebral embolism, . . . . .	-	-	-	-	-	-
Paralysis agitans, . . . . .	-	-	-	-	-	-
Meningitis, tuberculous or other forms, . . . . .	-	-	-	-	-	-
Multiple sclerosis, . . . . .	-	-	-	-	-	-
Tabes, . . . . .	-	-	-	-	-	-
Acute chorea, . . . . .	-	-	-	-	-	-
Other conditions, . . . . .	-	-	-	-	-	-
9. Alcoholic, total, . . . . .	-	-	-	-	-	-
(a) Pathological intoxication, . . . . .	-	-	-	-	-	-
(b) Delirium tremens, . . . . .	-	-	-	-	-	-
(c) Acute hallucinosis, . . . . .	-	-	-	-	-	-
(d) Acute paranoid type, . . . . .	-	-	-	-	-	-
(e) Korsakow's psychosis, . . . . .	-	-	-	-	-	-
(f) Chronic hallucinosis, . . . . .	-	-	-	-	-	-
(g) Chronic paranoid type, . . . . .	-	-	-	-	-	-
(h) Alcoholic deterioration, . . . . .	-	-	-	-	-	-
(i) Other types, acute or chronic, . . . . .	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins, total, . . . . .	-	-	-	-	-	-
(a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined, . . . . .	-	-	-	-	-	-
(b) Metals, as lead, arsenic, etc., . . . . .	-	-	-	-	-	-
(c) Gases, . . . . .	-	-	-	-	-	-
(d) Other exogenous toxins, . . . . .	-	-	-	-	-	-
11. With pellagra, . . . . .	-	-	-	-	-	-
12. With other somatic diseases, total, . . . . .	-	-	-	-	-	-
(a) Delirium with infectious diseases, . . . . .	-	-	-	-	-	-
(b) Post-infectious psychoses, . . . . .	-	-	-	-	-	-
(c) Exhaustion delirium, . . . . .	-	-	-	-	-	-
(d) Delirium of unknown origin, . . . . .	-	-	-	-	-	-
(e) Diseases of the ductless glands, . . . . .	-	-	-	-	-	-
(f) Cardio-renal disease, . . . . .	-	-	-	-	-	-
(g) Other diseases or conditions, . . . . .	-	-	-	-	-	-
13. Manic-depressive, total, . . . . .	-	-	-	3	8	11
(a) Manic type, . . . . .	1	2	3	-	-	-
(b) Depressive type, . . . . .	2	6	8	-	-	-
(c) Stupor, . . . . .	-	-	-	-	-	-
(d) Mixed type, . . . . .	-	-	-	-	-	-
(e) Circular type, . . . . .	-	-	-	-	-	-
14. Involution melancholia, . . . . .	-	-	-	-	2	2

TABLE 14. — *Psychoses of Readmissions for the Year ending Sept. 30, 1920*  
— Concluded.

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
15. Dementia præcox, total, . . . . .				5	6	11
(a) Paranoid type, . . . . .	4	3	7			
(b) Katatonic type, . . . . .	—	2	2			
(c) Hebephrenic type, . . . . .	1	1	2			
(d) Simple type, . . . . .	—	—	—			
16. Paranoia and paranoid conditions, . . . . .				1	1	2
17. Epileptic, total, . . . . .				—	—	—
(a) Deterioration, . . . . .	—	—	—			
(b) Clouded states, . . . . .	—	—	—			
(c) Other conditions, . . . . .	—	—	—			
18. Psychoneuroses and neuroses, total, . . . . .				—	1	1
(a) Hysterical type, . . . . .	—	—	—			
(b) Psychasthenic type, . . . . .	—	1	1			
(c) Neurasthenic type, . . . . .	—	—	—			
(d) Anxiety neuroses, . . . . .	—	—	—			
19. With psychopathic personality, . . . . .				2	—	2
20. With mental deficiency, . . . . .				4	1	5
21. Undiagnosed, . . . . .				—	1	1
22. Without psychosis, total, . . . . .				—	—	—
(a) Epilepsy without psychosis, . . . . .	—	—	—			
(b) Alcoholism without psychosis, . . . . .	—	—	—			
(c) Drug addiction without psychosis, . . . . .	—	—	—			
(d) Psychopathic personality without psychosis, . . . . .	—	—	—			
(e) Mental deficiency without psychosis, . . . . .	—	—	—			
(f) Others, . . . . .	—	—	—			
Total, . . . . .				20	25	45

TABLE 15. — *Discharges of Patients classified with Reference to Principal Psychoses and Condition on Discharge on Sept. 30, 1920.*

PSYCHOSES.	TOTAL.			RECOVERED.			IMPROVED.			UNIMPROVED.			NOT INSANE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, . . . . .	2	1	3	—	—	—	2	1	3	—	—	—	—	—	—
2. Senile, . . . . .	2	5	7	—	—	—	1	2	3	—	—	—	—	—	—
3. With cerebral arteriosclerosis, . . . . .	2	4	6	—	—	—	2	1	3	—	—	—	—	—	—
4. General paralysis, . . . . .	3	1	4	—	—	—	1	1	2	—	—	—	—	—	—
5. With cerebral syphilis, . . . . .	2	1	3	—	—	—	1	—	1	—	—	—	—	—	—
6. With Huntington's chorea, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic, . . . . .	13	9	22	7	4	11	6	5	11	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins, . . . . .	1	1	2	1	—	1	—	—	—	—	—	—	—	—	—
11. With pellagra, . . . . .	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases, . . . . .	2	7	9	2	5	7	—	2	2	—	—	—	—	—	—
13. Manic-depressive, . . . . .	15	40	55	11	29	40	4	11	15	—	—	—	—	—	—
14. Involution melancholia, . . . . .	1	7	8	—	2	2	—	1	3	—	—	—	—	—	—
15. Dementia praecox, . . . . .	15	27	42	—	—	—	8	22	30	7	5	12	—	—	—
16. Paranoia or paranoid conditions, . . . . .	2	6	8	—	—	—	2	2	4	—	—	—	—	—	—
17. Epileptic, . . . . .	1	1	2	—	—	—	1	—	1	—	—	—	—	—	—
18. Psychoneuroses and neuroses, . . . . .	4	2	6	—	—	—	3	1	4	—	—	—	—	—	—
19. With psychopathic personality, . . . . .	3	1	4	—	—	—	3	1	4	—	—	—	—	—	—
20. With mental deficiency, . . . . .	2	2	4	—	—	—	2	2	4	—	—	—	—	—	—
21. Undiagnosed, . . . . .	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis, . . . . .	1	2	3	—	—	—	—	—	—	—	—	—	1	2	3
Total, . . . . .	71	115	186	21	40	61	38	57	95	11	16	27	1	2	3



TABLE 16. — *Causes of Death of Patients classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1930.*

CAUSES OF DEATH.	TOTAL.			PSYCHOSES.											
				SENILE.		WITH CEREBRO-ARTERIO-SCLEROSIS.		GENERAL PARALYSIS.		ALCOHOLIC.		MANIC-DEPRESSIVE.			
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
GENERAL DISEASES:															
Influenza, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Erysipelas, . . . . .	3	2	5	2	1	3	1	1	2	1	1	2	1	1	2
Septicæmia, . . . . .	10	9	19	1	1	2	1	1	2	1	1	2	1	1	2
Tuberculosis of lungs, . . . . .	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2
Other forms of tuberculosis, . . . . .	3	1	4	1	1	2	1	1	2	1	1	2	1	1	2
Cancer of stomach, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Cancer of intestines, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Cancer of bladder, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Cancer of uterus, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Other general diseases, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
NERVOUS SYSTEM:															
Cerebrospinal meningitis, . . . . .	1	5	6	1	1	2	2	3	5	18	6	24	1	1	2
Apoplexy (cerebral hemorrhage), . . . . .	3	2	5	1	1	2	2	3	5	1	1	2	1	1	2
General paralysis of insane, . . . . .	18	1	19	1	1	2	1	1	2	1	1	2	1	1	2
Exhaustion from other mental diseases, . . . . .	2	1	3	1	1	2	1	1	2	1	1	2	1	1	2
Brain tumor, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Other diseases of brain, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Other diseases of nervous system, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
CIRCULATORY SYSTEM:															
Chronic myocarditis, . . . . .	6	9	15	1	5	6	3	1	4	1	1	2	1	1	2
Acute endocarditis, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Chronic endocarditis, . . . . .	2	2	4	1	1	2	3	8	11	1	1	2	1	1	2
Arteriosclerosis, . . . . .	15	4	19	1	6	7	3	1	4	1	1	2	1	1	2
Other diseases of the arteries, . . . . .	3	4	7	1	1	2	1	1	2	1	1	2	1	1	2
Other diseases of circulatory system, . . . . .	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2





<b>RESPIRATORY SYSTEM:</b>									
Bronchitis, . . . . .	-	-	-	-	-	-	-	-	1
Bronchopneumonia, . . . . .	-	2	-	-	-	-	-	-	5
Lobar pneumonia, . . . . .	-	-	-	-	-	-	-	-	2
Pleurisy, . . . . .	-	-	-	-	-	-	-	-	2
Gangrene of lungs, . . . . .	1	-	1	-	-	-	-	-	-
<b>DIGESTIVE SYSTEM:</b>									
Diarrhea and enteritis, . . . . .	-	-	-	-	-	-	-	-	-
Intestinal obstruction, . . . . .	-	-	-	-	-	-	-	-	-
Other diseases of intestines, . . . . .	-	2	-	3	-	-	-	-	1
Other diseases of digestive system (cancer and tuberculosis excepted), . . . . .	-	-	-	-	1	-	-	-	1
<b>GENITO-URINARY SYSTEM:</b>									
Acute nephritis, . . . . .	-	-	-	-	-	-	-	-	-
Chronic nephritis, . . . . .	-	-	-	-	-	-	-	-	-
Other diseases of kidneys and annexa, . . . . .	-	-	1	-	-	-	-	-	-
Diseases of bladder, . . . . .	-	-	-	-	-	-	-	-	2
<b>DISEASES OF THE SKIN:</b>									
Gangrene, . . . . .	-	-	-	-	-	-	-	-	-
<b>DISEASES OF BONES AND LOCOMOTOR SYSTEM (tuberculosis and rheumatism excepted),</b>									
Total, . . . . .	3	7	10	12	7	19	-	5	20

<sup>1</sup> Includes group 22, "without psychosis."

TABLE 17. — Age of Patients at Time of Death classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.

PSYCHOSES.	TOTAL.			YEARS.																				
	Males.	Females.	Totals.	UNDER 15.			15-19.			20-24.			25-29.			30-34.			35-39.			40-44.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
1. Traumatic, . . . . .	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2. Senile, . . . . .	11	34	45	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3. With cerebral arteriosclerosis, . . . . .	26	18	44	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. General paralysis, . . . . .	42	10	52	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. With cerebral syphilis, . . . . .	4	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. With Huntington's chorea, . . . . .	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. With brain tumor, . . . . .	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. With other brain or nervous diseases, . . . . .	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Alcoholic, . . . . .	6	4	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10. Due to drugs and other exogenous toxins, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11. With pellagra, . . . . .	1	5	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12. With other somatic diseases, . . . . .	5	12	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13. Manic-depressive, . . . . .	3	7	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14. Involution melancholia, . . . . .	12	7	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15. Dementia precox, . . . . .	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
16. Paranoia or paranoid conditions, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
17. Epileptic, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
18. Psychoneuroses and neuroses, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
19. With psychopathic personality, . . . . .	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
20. With mental deficiency, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
21. Undiagnosed, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
22. Without psychosis, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total, . . . . .	116	107	223	1	—	1	1	—	1	1	1	2	6	3	9	5	2	7	10	2	12	9	11	20





TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Principal Psychoses for the Year ending Sept. 30, 1920.*

PSYCHOSES.	TOTAL.			MONTHS.												YEARS.						
	Males.	Females.	Totals.	LESS THAN 1.			1-3.			4-7.			8-12.			1-2.		3-4.				
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.				
1. Traumatic, . . . . .	1	1	2	1	4	5	1	5	6	3	3	6	1	1	2	1	8	9	2	5	7	
2. Senile, . . . . .	11	34	45	3	1	4	7	4	11	4	3	7	2	3	5	6	2	6	8	2	4	6
3. With cerebral arteriosclerosis, . . . . .	26	18	44	2	2	4	6	2	8	5	2	7	8	3	2	10	20	23	2	4	6	
4. General paralysis, . . . . .	42	10	52	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3	3	2	2	2
5. With cerebral syphilis, . . . . .	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1
6. With Huntington's chorea, . . . . .	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1
7. With brain tumor, . . . . .	2	1	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1
8. With other brain or nervous diseases, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1
9. Alcoholic, . . . . .	6	4	10	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1
10. Due to drugs and other exogenous toxins, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1
11. With pellagra, . . . . .	1	5	6	1	3	4	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1
12. With other somatic diseases, . . . . .	5	12	17	1	3	4	1	1	2	1	1	2	2	2	4	1	1	2	2	1	4	5
13. Manic-depressive, . . . . .	3	7	10	1	1	2	1	1	2	1	1	2	2	2	4	1	1	3	4	2	2	2
14. Involution melancholia, . . . . .	12	7	19	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	2	2
15. Dementia precox, . . . . .	1	4	5	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	2	2
16. Paranoia or paranoid conditions, . . . . .	1	5	6	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	2	2
17. Epileptic, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	2	2
18. Psychoneuroses and neuroses, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	2	2
19. With psychopathic personality, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	2	2
20. With mental deficiency, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	2	2
21. Undiagnosed, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	2	2
22. Without psychosis, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	2	2	2	2
Total, . . . . .	116	107	223	10	8	18	17	14	31	14	13	27	14	10	24	30	26	56	10	14	24	24

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Principal Psychoses for the Year ending Sept. 30, 1920 — Concluded.*

PSYCHOSES.	YEARS.												20 AND OVER.								
	5-6.			7-8.			9-10.			11-12.			13-14.			15-19.			20 AND OVER.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, . . . . .	—	5	5	—	1	1	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile, . . . . .	1	1	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis, . . . . .	1	1	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis, . . . . .	1	1	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis, . . . . .	1	—	1	—	—	—	—	—	—	1	—	1	—	—	1	—	—	1	—	—	—
6. With Huntington's chorea, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases, . . . . .	—	1	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic, . . . . .	1	1	2	2	—	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases, . . . . .	2	—	2	1	1	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
13. Manic-depressive, . . . . .	1	—	1	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Involution melancholia, . . . . .	1	2	3	2	1	3	—	—	2	2	2	—	—	—	—	—	—	—	—	—	—
15. Dementia præcox, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Paranoia or paranoid conditions, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total, . . . . .	8	9	17	5	5	10	3	4	7	2	1	3	—	1	1	2	1	1	2	1	3

TABLE 19. — *Family Care Department, Year ending Sept. 30, 1920.*

	Males.	Females.	Totals.
Remaining in family care Sept. 30, 1919, . . . .	—	8	8
Admitted within the year, . . . . .	—	7	7
Nominally admitted from visit during year, . . . .	—	—	—
Whole number of cases within the year, . . . . .	—	15	15
Dismissed within the year, . . . . .	—	7	7
Returned to institution, . . . . .	—	7	7
Discharged, . . . . .	—	—	—
On visit, . . . . .	—	—	—
Remaining in family care Sept. 30, 1920, . . . . .	—	8	8
Supported by State, . . . . .	—	2	2
Private, . . . . .	—	3	3
Self-supporting, . . . . .	—	3	3
Number of different persons within the year, . . . .	—	11	11
Number of different persons admitted, . . . . .	—	6	6
Number of different persons dismissed, . . . . .	—	5	5
Average daily number, . . . . .	—	9.28	9.28
State, . . . . .	—	5.84	5.84
Private, . . . . .	—	2.87	2.87
Self-supporting, . . . . .	—	.57	.57
Reimbursing, . . . . .	—	—	—

NOTE. — There is no family care at the psychopathic department.

## PSYCHOPATHIC DEPARTMENT.

TABLE 1. — *General Information.*

1. Date of opening as an institution for the insane: June 24, 1912.	
2. Type of institution: State.	
3. Hospital plant:—	
Value of hospital property:—	
Real estate including buildings, . . . . . \$582,675 00	
Personal property, . . . . . 25,699 38	
<hr/>	
Total, . . . . . \$608,374 38	

Total acreage of hospital property owned, 2.04.

	ACTUALLY IN SERVICE AT END OF YEAR.			VACANCIES AT END OF YEAR.		
	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.
4. Officers and employees: —						
Chief medical officer, . . . . .	—	—	—	1	—	1
Chief executive officer, . . . . .	1	—	1	—	—	—
Executive officer, . . . . .	1	—	1	—	—	—
Assistant executive officer, . . . . .	1	—	1	—	—	—
Medical officers and assistant med- ical officers, . . . . .	6	—	6	—	2	2
Graduate internes, . . . . .	1	—	1	1	—	1
Roentgenologist, . . . . .	1	—	1	—	—	—
<hr/>						
Total physicians, . . . . .	11	—	11	2	2	4
<hr/>						
Stewards, . . . . .	—	—	—	—	—	—
Resident dentists, . . . . .	—	—	—	—	—	—
Graduate nurses, . . . . .	—	8	8	—	—	—
Other nurses and attendants, . . . . .	19	22	41	—	—	—
Teachers of occupational therapy, . . . . .	—	1	1	—	—	—
Social workers, . . . . .	—	3	3	—	—	—
All other officers and employees, . . . . .	17	34	51	—	2	2
<hr/>						
Total officers and employees, . . . . .	47	68	115	2	4	6



TABLE 1. — *General Information* — Concluded.

	ACTUALLY IN IN- STITUTION.			ABSENT FROM INSTITUTION BUT STILL ON BOOKS.		
	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.
5. Census of patient population at end of year:—						
White:—						
Insane, . . . . .	30	35	65	48	53	101
Epileptics, . . . . .	1	—	1	—	—	—
Mental defectives, . . . . .	2	—	2	—	—	—
Alcoholics, . . . . .	—	—	—	—	—	—
Drug addicts, . . . . .	1	—	1	—	—	—
Neurosyphilitics (without psy- chosis), . . . . .	—	—	—	10	—	10
All other cases, . . . . .	3	7	10	—	1	1
Total, . . . . .	37	42	79	58	54	112
Colored:—						
Insane, . . . . .	4	—	4	—	3	3
Epileptics, . . . . .	—	—	—	—	—	—
Mental defectives, . . . . .	—	—	—	—	—	—
Alcoholics, . . . . .	—	—	—	—	—	—
Drug addicts, . . . . .	—	—	—	—	—	—
Neurosyphilitics (without psy- chosis), . . . . .	—	—	—	—	—	—
All other cases, . . . . .	—	—	—	—	—	—
Total, . . . . .	4	—	4	—	3	3
Grand total, . . . . .	41	42	83	58	57	115
6. Patients employed in industrial classes or in gen- eral hospital work on date of report, . . . . .				Males.	Females.	Totals.
				8	2	10
7. Average daily number of all patients actually in institution during year, . . . . .				41.42	43.84	85.26
8. Voluntary patients admitted during year, . . . . .				129	71	200
9. Persons given advice or treatment in out-patient clinics during year, . . . . .				643	807	1,450
Average daily number of patients on visit, . . . . .				43.44	43.25	86.69

TABLE 2. — *Financial Statement.*

See treasurer's report for data requested under this table.

TABLE 3. — *Movement of Population for the Year beginning Oct. 1, 1919, and ending Sept. 30, 1920.*

	Males.	Females.	Totals.
Patients on books at beginning of institution year, . . .	74	78	152
Admissions during the year: —			
First admissions, . . . . .	741	669	1,410
Readmissions, . . . . .	195	148	343
Received from hospital department, . . . . .	2	—	2
Transfers from other institutions, . . . . .	—	1	1
Total received during the year, . . . . .	938	818	1,756
Total under treatment during the year, . . . . .	1,012	896	1,908
Discharged from books during the year: —			
As recovered, . . . . .	27	14	41
As improved, . . . . .	113	79	192
As unimproved, . . . . .	369	297	666
As without psychosis, . . . . .	191	206	397
Transferred to hospital department, . . . . .	181	170	351
Transferred to other institutions, . . . . .	3	6	9
Died during the year, . . . . .	29	25	54
Total discharged and died, . . . . .	913	797	1,710
Patients remaining on books at end of institution year, .	99	99	198

TABLE 4. — *Nativity of First Admissions and of Parents of First Admissions for the Year ending Sept. 30, 1920.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	Males.	Females.	Totals.	Fathers.	Mothers.	Both Parents.	Fathers.	Mothers.	Both Parents.
United States, . . . . .	173	144	317	79	76	67	77	72	61
Asia, <sup>1</sup> . . . . .	1	—	1	—	—	—	—	—	—
Austria, . . . . .	2	—	2	5	3	3	2	—	—
Canada, <sup>2</sup> . . . . .	16	26	42	22	25	18	31	31	23
China, . . . . .	—	1	1	—	—	—	1	1	1
Cuba, . . . . .	—	—	—	—	—	—	—	1	—
Denmark, . . . . .	—	—	—	1	1	1	—	—	—
England, . . . . .	9	7	16	17	12	10	12	6	6
Finland, . . . . .	—	1	1	—	—	—	1	—	—
France, . . . . .	—	1	1	—	—	—	3	1	1
Germany, . . . . .	1	1	2	4	3	2	4	5	4
Greece, . . . . .	2	—	2	2	2	2	—	—	—
Hungary, . . . . .	1	—	1	1	1	1	—	—	—
Ireland, . . . . .	13	44	57	59	61	54	75	87	73
Italy, . . . . .	14	11	25	18	18	18	13	13	13
Japan, . . . . .	2	—	2	2	2	2	—	—	—
Jugo-Slavia, . . . . .	—	2	2	1	1	1	2	2	2
Norway, . . . . .	1	—	1	1	1	1	—	—	—
Poland, . . . . .	7	3	10	8	8	8	2	2	2
Portugal, . . . . .	3	—	3	5	3	3	3	1	1
Roumania, . . . . .	1	—	1	1	1	1	—	—	—
Russia, . . . . .	18	12	30	25	26	25	17	18	17
Scotland, . . . . .	2	—	2	3	4	2	4	4	2
South America, . . . . .	—	—	—	—	1	—	—	—	—
Sweden, . . . . .	4	2	6	4	4	4	2	2	2
Turkey in Asia, . . . . .	1	1	2	1	1	1	1	1	1
Turkey in Europe, . . . . .	1	2	3	1	1	1	2	2	2
Wales, . . . . .	—	1	1	—	—	—	1	1	1
West Indies, <sup>3</sup> . . . . .	—	2	2	—	—	—	2	1	1
Unascertained, . . . . .	2	2	4	14	19	13	8	12	5
Total, . . . . .	274	263	537	274	274	238	263	263	218

<sup>1</sup> Not otherwise specified.    <sup>2</sup> Includes Newfoundland.    <sup>3</sup> Except Cuba and Porto Rico.

TABLE 5. — *Citizenship of First Admissions for the Year ending Sept. 30, 1920.*

	Males.	Females.	Totals.
Citizens by birth, . . . . .	173	142	315
Citizens by naturalization, . . . . .	16	13	29
Aliens, . . . . .	84	106	190
Citizenship unascertained, . . . . .	1	2	3
Total, . . . . .	274	263	537

TABLE 6. — *Psychoses of First Admissions for the Year ending Sept. 30, 1920.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, . . . . .	-	-	-	-	-	-
2. Senile, total, . . . . .	-	-	-	9	15	24
(a) Simple deterioration, . . . . .	7	11	18	-	-	-
(b) Presbyophrenic type, . . . . .	-	-	-	-	-	-
(c) Delirious and confused states, . . . . .	-	-	-	-	-	-
(d) Depressed and agitated states in addition to deterioration, . . . . .	-	2	2	-	-	-
(e) Paranoid states in addition to deterioration, . . . . .	2	2	4	-	-	-
(f) Presenile types, . . . . .	-	-	-	-	-	-
3. With cerebral arteriosclerosis, . . . . .	-	-	-	15	10	25
4. General paralysis, . . . . .	-	-	-	40	14	54
5. With cerebral syphilis, . . . . .	-	-	-	2	2	4
6. With Huntington's chorea, . . . . .	-	-	-	-	1	1
7. With brain tumor, . . . . .	-	-	-	4	-	4
8. With other brain or nervous diseases, total, . . . . .	-	-	-	9	3	12
Cerebral embolism, . . . . .	-	-	-	-	-	-
Paralysis agitans, . . . . .	2	-	2	-	-	-
Meningitis, tuberculous or other forms, . . . . .	-	-	-	-	-	-
Multiple sclerosis, . . . . .	-	-	-	-	-	-
Tabes, . . . . .	1	-	1	-	-	-
Acute chorea, . . . . .	1	-	1	-	-	-
Other conditions, . . . . .	5	3	8	-	-	-
Encephalitis, . . . . .	2	-	2	-	-	-
Organic brain disease, . . . . .	3	3	6	-	-	-
9. Alcoholic, total, . . . . .	-	-	-	6	5	11
(a) Pathological intoxication, . . . . .	-	-	-	-	-	-
(b) Delirium tremens, . . . . .	-	-	-	-	-	-
(c) Acute hallucinosis, . . . . .	2	3	5	-	-	-
(d) Acute paranoid type, . . . . .	1	-	1	-	-	-
(e) Korsakow's psychosis, . . . . .	-	-	-	-	-	-
(f) Chronic hallucinosis, . . . . .	3	1	4	-	-	-
(g) Chronic paranoid type, . . . . .	-	1	1	-	-	-
(h) Alcoholic deterioration, . . . . .	-	-	-	-	-	-
(i) Other types, acute or chronic, . . . . .	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins, total, . . . . .	-	-	-	1	-	1
(a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined, . . . . .	1	-	1	-	-	-
(b) Metals, as lead, arsenic, etc., . . . . .	-	-	-	-	-	-
(c) Gases, . . . . .	-	-	-	-	-	-
(d) Other exogenous toxins, . . . . .	-	-	-	-	-	-
11. With pellagra, . . . . .	-	-	-	-	-	-
12. With other somatic diseases, total, . . . . .	-	-	-	5	13	18
(a) Delirium with infectious diseases, . . . . .	4	4	8	-	-	-
(b) Post-infectious psychoses, . . . . .	-	-	-	-	-	-
(c) Exhaustion delirium, . . . . .	-	1	1	-	-	-
(d) Delirium of unknown origin, . . . . .	-	2	2	-	-	-
(e) Diseases of the ductless glands, . . . . .	-	1	1	-	-	-
(f) Cardio-renal disease, . . . . .	1	4	5	-	-	-
(g) Other diseases or conditions, . . . . .	-	1	1	-	-	-
Symptomatic, . . . . .	-	1	1	-	-	-
13. Manic-depressive, total, . . . . .	-	-	-	15	32	47
(a) Manic type, . . . . .	4	17	21	-	-	-
(b) Depressive type, . . . . .	10	11	21	-	-	-
(c) Stupor, . . . . .	-	-	-	-	-	-
(d) Mixed type, . . . . .	1	4	5	-	-	-
(e) Circular type, . . . . .	-	-	-	-	-	-

TABLE 6. — *Psychoses of First Admissions for the Year ending Sept. 30, 1920 — Concluded.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
14. Involution melancholia, . . . . .	.	.	.	2	7	9
15. Dementia præcox, total, . . . . .	.	.	.	68	74	142
(a) Paranoid type, . . . . .	31	35	66			
(b) Katatonic type, . . . . .	13	12	25			
(c) Hebephrenic type, . . . . .	18	25	43			
(d) Simple type, . . . . .	6	2	8			
16. Paranoia and paranoid conditions, . . . . .	.	.	.	5	13	18
17. Epileptic, total, . . . . .	.	.	.	5	4	9
(a) Deterioration, . . . . .	1	3	4			
(b) Clouded states, . . . . .	4	1	5			
(c) Other conditions, . . . . .	—	—	—			
18. Psychoneuroses and neuroses, total, . . . . .	.	.	.	7	5	12
(a) Hysterical type, . . . . .	.	3	3			
(b) Psychasthenic type, . . . . .	4	1	5			
(c) Neurasthenic type, . . . . .	3	—	3			
(d) Anxiety neuroses, . . . . .	—	1	1			
19. With psychopathic personality, . . . . .	—	—	—			
20. With mental deficiency, . . . . .	.	.	.	1	2	3
21. Undiagnosed, . . . . .	.	.	.	25	19	44
22. Without psychosis, total, . . . . .	.	.	.	55	44	99
(a) Epilepsy without psychosis, . . . . .	7	2	9			
(b) Alcoholism without psychosis, . . . . .	—	—	—			
(c) Drug addiction without psychosis, . . . . .	1	—	1			
(d) Psychopathic personality without psychosis, . . . . .	12	13	25			
(e) Mental deficiency without psychosis, . . . . .	12	11	23			
(f) Others, . . . . .	23	18	41			
Conduct disorder, . . . . .	4	1	5			
Neurosyphilis, . . . . .	5	—	5			
Domestic difficulties, . . . . .	2	2	4			
Brain tumor, . . . . .	1	1	2			
Organic brain disease, . . . . .	1	2	3			
Encephalitis, . . . . .	1	—	1			
Suicidal attempt, . . . . .	1	—	1			
Suicidal threats, . . . . .	1	—	1			
Depression, . . . . .	2	6	8			
Cardio-vascular-renal disease, . . . . .	1	—	1			
Subnormal, . . . . .	1	—	1			
Question of tumor of spinal cord, . . . . .	1	—	1			
Hysteria, . . . . .	1	—	1			
Theft, . . . . .	1	—	1			
Moron, . . . . .	—	1	1			
Chorea, . . . . .	—	1	1			
Recovered delirium, . . . . .	—	1	1			
Asthenia, . . . . .	—	1	1			
Neurasthenia, . . . . .	—	1	1			
Psychasthenia, . . . . .	—	1	1			
Total, . . . . .	.	.	.	274	263	537



TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.*

RACE.	TOTAL.			PSYCHOSES.						WITH CEREBRAL SYPHILIS.			WITH HUNTINGTON'S CHOREA.			WITH BRAIN TUMOR.		
	Males.	Females.	Totals.	SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			Males.			Males.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
African (black),	11	12	23	1	1	2	1	1	2	5	2	7	1	1	2	1	1	2
Arabian,	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Armenian,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Chinese,	79	68	147	4	6	10	5	4	9	12	3	15	1	1	2	1	1	2
English,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Finnish,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
French,	5	7	12	1	1	2	1	1	2	2	3	5	1	1	2	1	1	2
German,	2	6	8	1	1	2	1	1	2	2	3	5	1	1	2	1	1	2
Greek,	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Hebrew,	33	15	48	2	4	6	7	4	11	5	8	13	1	1	2	1	1	2
Irish,	75	97	172	2	4	6	7	4	11	8	4	12	1	1	2	1	1	2
Italian, <sup>1</sup>	18	13	31	1	1	2	2	1	3	3	1	4	1	1	2	1	1	2
Japanese,	2	3	5	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Lithuanian,	2	3	5	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Magyar,	3	2	5	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Portuguese,	5	2	7	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Scandinavian, <sup>2</sup>	6	2	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Scotch,	3	4	7	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Slavonic, <sup>3</sup>	5	5	10	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Syrian,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
West Indian, <sup>4</sup>	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Mixed,	18	24	42	2	2	4	1	1	2	3	1	4	1	1	2	1	1	2
Race unascertained,	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Total,	274	263	537	9	15	24	15	10	25	40	14	54	2	2	4	4	1	4

<sup>1</sup> Includes "North" and "South."<sup>2</sup> Norwegians, Danes and Swedes.<sup>3</sup> Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.<sup>4</sup> Except Cuban.

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920* — Continued.

RACE.	PSYCHOSES.												DEMENTIA PRÆCOX.					
	WITH OTHER BRAIN OR NERVOUS DISEASES.			ALCOHOLIC.			DUE TO DRUGS AND OTHER EXOGENOUS TOXINS.			WITH OTHER SOMATIC DISEASES.						MANIC- DEPRESSIVE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
African (black),	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Arabian,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chinese,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English,	4	—	4	1	—	1	2	7	9	1	4	5	9	1	1	2	9	22
Finnish,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
French,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
German,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greek,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew,	3	2	5	3	4	7	2	3	5	1	1	2	3	2	1	1	6	15
Irish,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Italian, 1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Japanese,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lithuanian,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Magyar,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian, 2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scotch,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic, 3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indian, 4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed,	—	—	—	—	—	—	1	1	1	1	2	1	3	—	2	2	9	15
Race unascertained,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total,	9	3	12	6	5	11	1	13	18	15	32	47	2	7	9	68	74	142

<sup>1</sup> Includes "North" and "South."<sup>2</sup> Norwegians, Danes and Swedes.<sup>3</sup> Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.<sup>4</sup> Except Cuban.

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920 — Concluded.*

RACE.	PSYCHOSES.											
	PARANOID AND PARANOID CONDITIONS.			EPILEPTIC.			PSYCHONEUROSES AND NEUROSES.			WITH MENTAL DEFICIENCY.		
	Males.		Totals.	Males.		Totals.	Males.		Totals.	Males.		Totals.
	Females.	Totals.		Females.	Totals.		Females.	Totals.		Females.	Totals.	
African (black),	—	—	1	1	1	—	—	—	—	1	1	2
Arabian,	—	—	—	—	—	—	—	—	—	—	—	—
Armenian,	—	—	—	—	—	—	—	—	—	—	—	—
Chinese,	—	—	—	—	—	—	—	—	—	—	—	—
English,	—	6	1	1	1	4	—	—	—	8	18	13
Finnish,	—	—	—	—	—	—	—	—	—	5	5	5
French,	—	—	—	—	—	—	—	—	—	—	—	—
German,	—	1	—	—	—	1	—	—	—	1	1	2
Greek,	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew,	—	—	—	—	—	—	—	—	—	—	—	—
Irish,	1	1	2	2	2	3	—	—	—	2	9	5
Italian, <sup>1</sup>	3	6	2	1	3	1	—	—	—	7	14	12
Japanese,	—	—	—	—	—	—	—	—	—	—	—	—
Lithuanian,	—	—	—	—	—	—	—	—	—	—	—	—
Magyar,	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese,	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian, <sup>2</sup>	—	—	—	—	—	—	—	—	—	—	—	—
Scotch, <sup>3</sup>	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic, <sup>3</sup>	—	1	—	—	—	1	—	—	—	—	—	—
Syrian,	—	—	—	—	—	—	—	—	—	—	—	—
West Indian, <sup>4</sup>	—	—	—	—	—	—	—	—	—	—	—	—
Mixed,	—	2	—	—	—	—	—	—	—	—	—	—
Race unascertained,	—	—	—	—	—	—	—	—	—	—	—	—
Total,	5	13	18	5	9	12	1	3	4	25	55	99

<sup>1</sup> Includes "North" and "South."<sup>2</sup> Norwegians, Danes and Swedes.<sup>3</sup> Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.<sup>4</sup> Except Cuban.

TABLE 8. — Age of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.

PSYCHOSES.	TOTAL.			YEARS.																				
	Males.	Females.	Totals.	UNDER 15.			15-19.			20-24.			25-29.			30-34.			35-39.			40-44.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
1. Traumatic.	9	15	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2. Senile.	15	10	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3. With cerebral arteriosclerosis.	40	14	54	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. General paralysis.	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. With cerebral syphilis.	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. With Huntington's chorea.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. With brain tumor.	4	3	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. With other brain or nervous diseases.	9	3	12	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Alcoholic.	6	5	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10. Due to drugs and other exogenous toxins.	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11. With pellagra.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12. With other somatic diseases.	5	13	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13. Manic-depressive.	15	32	47	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14. Involution melancholia.	2	7	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15. Dementia praecox.	68	74	142	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
16. Paranoia or paranoid conditions.	5	13	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
17. Epileptic.	5	4	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
18. Psychoneuroses and neuroses.	7	5	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
19. With psychopathic personality.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
20. With psychopathic personality.	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
21. With mental deficiency.	25	19	44	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
22. Undiagnosed.	55	44	99	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
22. Without psychosis.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total.	274	263	537	2	—	2	19	16	35	32	19	51	40	32	72	27	40	67	28	30	58	27	29	56



TABLE 9. — Degree of Education of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.

PSYCHOSES.	TOTAL.			ILLITERATE.			READS AND WRITES.			COMMON SCHOOL.			HIGH SCHOOL.			COLLEGE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, . . . . .	9	15	24	—	—	—	—	—	—	6	15	21	—	—	—	3	—	—	—	—	—
2. Senile, . . . . .	15	10	25	—	1	1	1	—	—	13	8	21	—	—	—	1	—	—	—	—	—
3. With cerebral arteriosclerosis, . . . . .	40	14	54	—	—	—	—	—	1	34	12	46	2	1	3	2	—	—	1	—	—
4. General paralysis, . . . . .	2	2	4	—	—	—	—	—	—	2	2	4	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis, . . . . .	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea, . . . . .	4	—	4	1	—	1	—	—	—	3	—	3	—	—	—	—	—	—	—	—	—
7. With brain tumor, . . . . .	9	3	12	—	—	—	—	—	—	9	3	12	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases, . . . . .	6	5	11	—	1	1	—	1	—	5	2	7	—	—	—	—	—	—	1	—	—
9. Alcoholic, . . . . .	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra, . . . . .	—	—	—	—	—	—	—	—	—	5	12	17	—	—	—	—	—	—	—	—	—
12. With other somatic diseases, . . . . .	15	32	47	—	1	1	—	—	—	13	28	41	2	1	3	—	—	—	1	—	—
13. Manic-depressive, . . . . .	2	7	9	—	—	—	—	—	—	2	6	8	—	—	—	—	—	—	—	—	—
14. Involution melancholia, . . . . .	68	74	142	1	1	2	—	1	2	53	64	117	10	7	17	2	1	3	1	—	—
15. Dementia præcox, . . . . .	5	13	18	—	—	—	—	—	—	4	13	17	—	—	—	1	—	1	—	—	—
16. Paranoia or paranoid conditions, . . . . .	5	4	9	—	—	—	—	—	—	5	3	8	—	—	—	—	—	—	—	—	—
17. Epileptic, . . . . .	7	5	12	—	—	—	—	—	—	5	5	10	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses, . . . . .	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality, . . . . .	1	—	1	—	—	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency, . . . . .	25	19	44	—	—	—	—	1	1	22	14	36	2	2	4	—	—	—	—	—	—
21. Undiagnosed, . . . . .	55	44	99	1	—	1	1	—	1	44	37	81	8	6	14	1	1	2	—	—	—
22. Without psychosis, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total, . . . . .	274	263	537	4	6	10	5	2	7	226	227	453	26	20	46	10	5	15	3	3	6



TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile, . . . . .	9	15	24	9	15	24	—	—	—	—	—	—
3. With cerebral arteriosclerosis, . . . . .	15	30	45	15	30	45	—	—	—	—	—	—
4. General paralysis, . . . . .	40	14	54	40	14	54	—	—	—	—	—	—
5. With cerebral syphilis, . . . . .	2	2	4	2	2	4	—	—	—	—	—	—
6. With Huntington's chorea, . . . . .	—	1	1	—	1	1	—	—	—	—	—	—
7. With brain tumor, . . . . .	4	—	4	4	—	4	—	—	—	—	—	—
8. With other brain or nervous diseases, . . . . .	9	3	12	9	3	12	—	—	—	—	—	—
9. Alcoholic, . . . . .	6	5	11	6	5	11	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins, . . . . .	1	—	1	1	—	1	—	—	—	—	—	—
11. With pellagra, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases, . . . . .	5	13	18	5	13	18	—	—	—	—	—	—
13. Manic-depressive, . . . . .	15	32	47	15	32	47	—	—	—	—	—	—
14. Involution melancholia, . . . . .	2	7	9	1	7	8	1	—	1	—	—	—
15. Dementia precox, . . . . .	68	74	142	65	73	138	3	1	4	—	—	—
16. Paranoia or paranoid conditions, . . . . .	5	13	18	5	13	18	—	—	—	—	—	—
17. Epileptic, . . . . .	5	4	9	5	4	9	—	—	—	—	—	—
18. Psychoneuroses and neuroses, . . . . .	7	5	12	7	5	12	—	—	—	—	—	—
19. With psychopathic personality, . . . . .	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency, . . . . .	1	2	3	1	2	3	—	—	—	—	—	—
21. Undiagnosed, . . . . .	25	19	44	25	17	42	—	—	2	—	—	—
22. Without psychosis, . . . . .	55	44	99	54	43	97	1	1	2	—	—	—
Total, . . . . .	274	263	537	269	259	528	5	4	9	—	—	—

TABLE 11. — *Economic Condition of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.*

PSYCHOSES.	TOTAL.		DEPENDENT.		MARGINAL.		COMFORTABLE.		UNASCERTAINED.	
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Females.
1. Traumatic, . . . . .	9	15	24	3	3	6	1	1	2	1
2. Senile, . . . . .	15	10	25	—	2	12	—	1	2	1
3. With cerebral arteriosclerosis, . . . . .	40	14	54	—	—	38	2	3	5	1
4. General paralysis, . . . . .	2	2	4	—	—	2	2	—	—	—
5. With cerebral syphilis, . . . . .	—	1	1	—	—	1	—	—	—	—
6. With Huntington's chorea, . . . . .	4	3	7	—	—	4	—	—	—	—
7. With brain tumor, . . . . .	9	3	12	1	1	2	1	—	1	—
8. With other brain or nervous diseases, . . . . .	6	5	11	—	—	4	—	—	—	—
9. Alcoholic, . . . . .	1	—	1	—	—	1	—	—	—	—
10. Due to drugs and other exogenous toxins, . . . . .	—	—	—	—	—	—	—	—	—	—
11. With pellagra, . . . . .	5	13	18	—	—	11	—	—	—	—
12. With other somatic diseases, . . . . .	15	32	47	—	1	31	3	1	4	1
13. Manic-depressive, . . . . .	2	7	9	—	—	2	—	—	—	—
14. Involution melancholia, . . . . .	68	74	142	3	2	58	3	2	5	2
15. Dementia præcox, . . . . .	5	13	18	1	1	4	1	1	2	1
16. Paranoia or paranoid conditions, . . . . .	5	4	9	—	—	4	—	—	—	—
17. Epileptic, . . . . .	7	5	12	—	—	6	1	—	1	—
18. Psychoneuroses and neuroses, . . . . .	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality, . . . . .	1	2	3	—	—	1	—	—	—	—
20. With mental deficiency, . . . . .	23	19	44	1	1	24	—	2	2	—
21. Undiagnosed, . . . . .	55	44	99	4	2	45	6	5	11	1
22. Without psychosis, . . . . .	—	—	—	—	—	—	—	—	—	—
Total, . . . . .	274	263	537	13	9	235	19	15	34	9
						465				16

TABLE 12. — *Use of Alcohol by First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.*

PSYCHOSES.	TOTAL.			ABSTINENT.			TEMPERATE.			INTEMPERATE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2. Senile,	9	15	24	6	12	18	3	2	5	1	1	2	1	1	2
3. With cerebral arteriosclerosis,	15	10	25	7	10	17	4	3	7	2	2	4	2	2	4
4. General paralysis,	40	14	54	10	10	20	26	3	29	2	2	4	2	1	3
5. With cerebral syphilis,	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea,	4	1	5	1	1	2	3	1	4	1	1	2	1	1	2
7. With brain tumor,	4	1	5	1	1	2	3	1	4	1	1	2	1	1	2
8. With other brain or nervous diseases,	9	3	12	5	3	8	2	1	3	2	1	3	2	1	3
9. Alcoholic,	6	5	11	5	3	8	2	1	3	2	1	3	2	1	3
10. Due to drugs and other exogenous toxins,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases,	5	13	18	2	13	15	2	2	4	1	1	2	1	1	2
13. Manic-depressive,	15	32	47	9	27	36	5	3	8	1	1	2	1	1	2
14. Involution melancholia,	2	7	9	0	6	6	2	2	4	1	1	2	1	1	2
15. Dementia precox,	68	74	142	45	69	114	22	2	24	1	1	2	1	1	2
16. Paranoia or paranoid conditions,	5	13	18	2	12	14	3	1	4	1	1	2	1	1	2
17. Epileptic,	5	4	9	1	3	4	4	1	5	1	1	2	1	1	2
18. Psychoneuroses and neuroses,	7	5	12	1	5	6	6	1	7	1	1	2	1	1	2
19. With psychopathic personality,	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2
20. With mental deficiency,	25	19	44	12	16	28	8	1	9	3	3	6	2	3	5
21. Undiagnosed,	55	44	99	32	40	72	20	1	21	3	2	5	2	1	3
22. Without psychosis,	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Total,	274	263	537	136	229	365	110	15	125	20	9	29	8	10	18

TABLE 13. — *Marital Condition of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.*

PSYCHOSES.	TOTAL.			SINGLE.			MARRIED.			WIDOWED.			SEPARATED.			DIVORCED.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic.	9	15	24	1	1	2	1	2	3	4	8	12	1	1	2	1	1	2	1	1	2
2. Senile.	15	10	25	4	3	7	2	2	4	4	4	8	1	1	2	1	1	2	1	1	2
3. With cerebral arteriosclerosis.	40	14	54	8	3	11	30	10	40	2	2	4	1	1	2	1	1	2	1	1	2
4. General paralysis.	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
5. With cerebral syphilis.	4	1	5	1	1	2	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea.	4	1	5	2	1	3	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor.	9	3	12	3	2	5	3	2	5	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases.	6	5	11	1	1	2	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2
9. Alcoholic.	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
10. Due to drugs and other exogenous toxins.	5	13	18	2	3	5	3	9	12	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra.	15	32	47	4	11	15	11	18	29	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases.	2	7	9	1	2	3	1	3	4	1	1	2	1	1	2	1	1	2	1	1	2
13. Manic-depressive.	68	74	142	53	43	96	15	27	42	3	3	6	1	1	2	1	1	2	1	1	2
14. Involution melancholia.	5	13	18	2	2	4	3	7	10	1	1	2	1	1	2	1	1	2	1	1	2
15. Dementia precox.	5	4	9	2	1	3	3	2	5	1	1	2	1	1	2	1	1	2	1	1	2
16. Paranoia or paranoid conditions.	7	5	12	4	2	6	3	1	4	1	1	2	1	1	2	1	1	2	1	1	2
17. Epileptic.	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
18. Psychoneuroses and neuroses.	25	19	44	11	7	18	14	11	25	3	2	5	1	1	2	1	1	2	1	1	2
19. With psychopathic personality.	55	44	99	28	15	43	24	27	51	3	2	5	1	1	2	1	1	2	1	1	2
20. With mental deficiency.	274	263	537	131	98	229	128	125	253	15	35	50	1	1	2	1	1	2	1	1	2
21. Undiagnosed.																					
22. Without psychosis.																					
Total.	274	263	537	131	98	229	128	125	253	15	35	50	1	1	2	1	1	2	1	1	2

TABLE 14. — *Psychoses of Readmissions as Insane for the Year ending Sept. 30, 1920.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, . . . . .	-	-	-	-	-	-
2. Senile, total, . . . . .	-	2	2	-	2	2
(a) Simple deterioration, . . . . .	-	2	2	-	-	-
(b) Presbyophrenic type, . . . . .	-	-	-	-	-	-
(c) Delirious and confused states, . . . . .	-	-	-	-	-	-
(d) Depressed and agitated states in addition to deterioration, . . . . .	-	-	-	-	-	-
(e) Paranoid states in addition to deterioration, . . . . .	-	-	-	-	-	-
(f) Presenile types, . . . . .	-	-	-	-	-	-
3. With cerebral arteriosclerosis, . . . . .	-	-	-	1	2	3
4. General paralysis, . . . . .	-	-	-	11	-	11
5. With cerebral syphilis, . . . . .	-	-	-	2	-	2
6. With Huntington's chorea, . . . . .	-	-	-	1	-	1
7. With brain tumor, . . . . .	-	-	-	-	-	-
8. With other brain or nervous diseases, total, . . . . .	-	-	-	2	-	2
Cerebral embolism, . . . . .	1	-	1	-	-	-
Paralysis agitans, . . . . .	-	-	-	-	-	-
Meningitis, tuberculous or other forms, . . . . .	-	-	-	-	-	-
Multiple sclerosis, . . . . .	-	-	-	-	-	-
Tabes, . . . . .	-	-	-	-	-	-
Acute chorea, . . . . .	-	-	-	-	-	-
Other conditions, . . . . .	1	-	1	-	-	-
Organic brain disease, . . . . .	1	-	1	-	-	-
9. Alcoholic, total, . . . . .	-	-	-	3	1	4
(a) Pathological intoxication, . . . . .	-	-	-	-	-	-
(b) Delirium tremens, . . . . .	-	-	-	-	-	-
(c) Acute hallucinosis, . . . . .	-	-	-	-	-	-
(d) Acute paranoid type, . . . . .	-	-	-	-	-	-
(e) Korsakow's psychosis, . . . . .	-	-	-	-	-	-
(f) Chronic hallucinosis, . . . . .	3	1	4	-	-	-
(g) Chronic paranoid type, . . . . .	-	-	-	-	-	-
(h) Alcoholic deterioration, . . . . .	-	-	-	-	-	-
(i) Other types, acute or chronic, . . . . .	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins, total, . . . . .	-	-	-	-	-	-
(a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined, . . . . .	-	-	-	-	-	-
(b) Metals, as lead, arsenic, etc., . . . . .	-	-	-	-	-	-
(c) Gases, . . . . .	-	-	-	-	-	-
(d) Other exogenous toxins, . . . . .	-	-	-	-	-	-
11. With pellagra, . . . . .	-	-	-	-	-	-
12. With other somatic diseases, total, . . . . .	-	1	1	-	1	1
(a) Delirium with infectious diseases, . . . . .	-	1	1	-	-	-
(b) Post-infectious psychoses, . . . . .	-	-	-	-	-	-
(c) Exhaustion delirium, . . . . .	-	-	-	-	-	-
(d) Delirium of unknown origin, . . . . .	-	-	-	-	-	-
(e) Diseases of the ductless glands, . . . . .	-	-	-	-	-	-
(f) Cardio-renal disease, . . . . .	-	-	-	-	-	-
(g) Other diseases or conditions, . . . . .	-	-	-	-	-	-
13. Manic-depressive, total, . . . . .	7	8	15	13	15	28
(a) Manic type, . . . . .	6	7	13	-	-	-
(b) Depressive type, . . . . .	-	-	-	-	-	-
(c) Stupor, . . . . .	-	-	-	-	-	-
(d) Mixed type, . . . . .	-	-	-	-	-	-
(e) Circular type, . . . . .	-	-	-	-	-	-
14. Involution melancholia, . . . . .	-	-	-	2	2	4

TABLE 14. — *Psychoses of Readmissions as Insane for the Year ending Sept. 30, 1920 — Concluded.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
15. Dementia præcox, total, . . . . .				29	22	51
(a) Paranoid type, . . . . .	16	15	31			
(b) Katatonic type, . . . . .	3	3	6			
(c) Hebephrenic type, . . . . .	10	3	13			
(d) Simple type, . . . . .	—	1	1			
16. Paranoia and paranoid conditions, . . . . .				4	2	6
17. Epileptic, total, . . . . .				1	—	1
(a) Deterioration, . . . . .	—	—	—			
(b) Clouded states, . . . . .	1	—	1			
(c) Other conditions, . . . . .	—	—	—			
18. Psychoneuroses and neuroses, total, . . . . .				—	6	6
(a) Hysterical type, . . . . .	—	3	3			
(b) Psychasthenic type, . . . . .	—	2	2			
(c) Neurasthenic type, . . . . .	—	1	1			
(d) Anxiety neuroses, . . . . .	—	—	—			
19. With psychopathic personality, . . . . .				1	1	2
20. With mental deficiency, . . . . .				1	2	3
21. Undiagnosed, . . . . .				7	5	12
22. Without psychosis, . . . . .				20	8	28
(a) Epilepsy without psychosis, . . . . .	1	—	1			
(b) Alcoholism without psychosis, . . . . .	—	—	—			
(c) Drug addiction without psychosis, . . . . .	—	—	—			
(d) Psychopathic personality without psychosis, . . . . .	1	2	3			
(e) Mental deficiency without psychosis, . . . . .	1	1	2			
(f) Others, . . . . .	17	5	22			
Neurosypphilis, . . . . .	15	2	17			
Psychasthenia, . . . . .	1	—	1			
Depression, . . . . .	—	1	1			
Psychoneurosis, . . . . .	—	2	2			
Arteriosclerosis, . . . . .	1	—	1			
Total, . . . . .				98	69	167



TABLE 15. — *Discharges of Patients classified with Reference to Principal Psychoses and Condition on Discharge for the Year ending Sept. 30, 1920.*

Psychoses.	TOTAL.			RECOVERED.			IMPROVED.			UNIMPROVED.			WITHOUT PSYCHOSIS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, . . . . .	1	1	2	1	1	2	1	2	3	2	1	3	1	1	2
2. Senile, . . . . .	3	3	6	1	1	2	2	2	4	3	3	7	1	1	2
3. With cerebral arteriosclerosis, . . . . .	5	2	7	1	1	2	3	3	6	3	7	10	2	2	4
4. General paralysis, . . . . .	10	4	14	2	1	3	1	1	2	1	1	2	1	1	2
5. With cerebral syphilis, . . . . .	2	1	3	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea, . . . . .	2	1	3	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor, . . . . .	2	1	3	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases, . . . . .	3	3	6	1	1	2	3	2	5	1	1	2	1	1	2
9. Alcoholic, . . . . .	4	2	6	1	1	2	3	2	5	1	1	2	1	1	2
10. Due to drugs and other exogenous toxins, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra, . . . . .	3	4	7	1	1	2	2	3	5	1	1	2	1	1	2
12. With other somatic diseases, . . . . .	10	16	26	1	2	3	6	7	13	3	7	10	1	1	2
13. Manic-depressive, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
14. Involution melancholia, . . . . .	30	17	47	1	1	2	8	7	15	22	10	32	1	1	2
15. Dementia præcox, . . . . .	6	3	9	1	1	2	4	1	5	2	2	4	1	1	2
16. Paranoia or paranoid conditions, . . . . .	3	1	4	1	1	2	1	1	2	1	1	2	1	1	2
17. Epileptic, . . . . .	8	9	17	1	1	2	1	1	2	1	1	2	1	1	2
18. Psychoneuroses and neuroses, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
19. With psychopathic personality, . . . . .	2	3	5	1	1	2	1	1	2	1	1	2	1	1	2
20. With mental deficiency, . . . . .	14	14	28	1	1	2	3	2	5	10	11	21	2	2	4
21. Undiagnosed, . . . . .	54	52	106	1	1	2	3	2	5	10	11	21	2	2	4
22. Without psychosis, . . . . .	161	131	292	4	2	6	37	32	69	54	40	94	66	57	123
Total, . . . . .	161	131	292	4	2	6	37	32	69	54	40	94	66	57	123

TABLE 16. — *Causes of Death of Patients classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.*

CAUSES OF DEATH.	TOTAL.			PSYCHOSES.											
				SENILE.			WITH CEREBRAL ARTERIOSCLEROSIS.			GENERAL PARALYSIS.			MANIC-DEPRESSIVE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
GENERAL DISEASES:															
Influenza, . . . . .	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas, . . . . .	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Tuberculosis of lungs, . . . . .	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Cancer (sarcoma of sacrum), . . . . .	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
Other general diseases (mumps), . . . . .	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
NERVOUS SYSTEM:															
General paralysis of insane, . . . . .	2	—	2	—	—	—	—	—	—	2	—	2	—	—	—
Brain tumor, . . . . .	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
CIRCULATORY SYSTEM:															
Chronic myocarditis, . . . . .	1	1	2	—	1	1	—	—	—	—	—	—	—	—	—
Arteriosclerosis, . . . . .	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of circulatory system, . . . . .	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
RESPIRATORY SYSTEM:															
Bronchopneumonia, . . . . .	1	4	5	—	—	—	—	—	—	—	1	1	—	—	—
Lobar pneumonia, . . . . .	2	—	2	—	—	—	—	—	—	1	—	1	1	—	1
GENITO-URINARY SYSTEM:															
Chronic nephritis, . . . . .	1	1	2	—	—	—	1	—	1	—	—	—	—	—	—
Total, . . . . .	11	10	21	1	1	2	1	—	1	3	1	4	1	1	2



TABLE 17. — Age of Patients at Time of Death classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920.

PSYCHOSES.	TOTAL.			YEARS.																				
	Males.	Females.	Totals.	UNDER 15.			15-19.			20-24.			25-29.			30-34.			35-39.			40-44.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
1. Traumatic,	1	1	2																					
2. Senile,	1	1	2																					
3. With cerebral arteriosclerosis,	1	1	2																					
4. General paralysis,	3	1	4																					
5. With cerebral syphilis,																								
6. With Huntington's chorea,																								
7. With brain tumor,	1		1																					
8. With other brain or nervous diseases,																								
9. Alcoholic,																								
10. Due to drugs and other exogenous toxins,																								
11. With pellagra,																								
12. With other somatic diseases,	2	3	5																					
13. Manic-depressive,	1	1	2																					
14. Involution melancholia,		1	1																					
15. Dementia præcox,		1	1																					
16. Paranoia or paranoid conditions,																								
17. Epileptic,																								
18. Psychoneuroses and neuroses,																								
19. With psychopathic personality,																								
20. With mental deficiency,		2	3																					
21. Undiagnosed,	1		1																					
22. Without psychosis,																								
Total,	11	10	21													3	1	4				2	2	

TABLE 17. — *Age of Patients at Time of Death classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1920*  
 — Concluded.

PSYCHOSES.	YEARS.											
	45-49.			50-54.			55-59.			60-64.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	.	.	.	.	.	.	.	.	.	.	.	.
2. Senile,	.	.	.	.	.	.	.	.	.	.	.	.
3. With cerebral arteriosclerosis,	.	.	.	.	.	.	.	.	.	.	.	.
4. General paralysis,	.	.	.	.	.	.	.	.	.	.	.	.
5. With cerebral syphilis,	.	1	1	.	.	.	1	1	1	1	1	1
6. With Huntington's chorea,	.	.	.	.	.	.	.	.	.	.	.	.
7. With brain tumor,	.	.	.	.	.	.	1	1	1	.	.	.
8. With other brain or nervous diseases,	.	.	.	.	.	.	.	.	.	.	.	.
9. Alcoholic,	.	.	.	.	.	.	.	.	.	.	.	.
10. Due to drugs and other exogenous toxins,	.	.	.	.	.	.	.	.	.	.	.	.
11. With pellagra,	.	.	.	.	.	.	.	.	.	.	.	.
12. With other somatic diseases,	1	1	1	.	.	.	1	1	1	1	1	1
13. Manic-depressive,	1	1	1	.	.	.	.	.	.	.	.	.
14. Involution melancholia,	1	1	1	1	1	1	.	.	.	.	.	.
15. Dementia precox,	.	.	.	.	.	.	.	.	.	.	.	.
16. Paranoia or paranoid conditions,	.	.	.	.	.	.	.	.	.	.	.	.
17. Epileptic,	.	.	.	.	.	.	.	.	.	.	.	.
18. Psychoneuroses and neuroses,	.	.	.	.	.	.	.	.	.	.	.	.
19. With psychopathic personality,	.	.	.	.	.	.	.	.	.	.	.	.
20. With mental deficiency,	.	.	.	1	1	1	.	.	.	.	.	.
21. Undiagnosed,	.	.	.	.	.	.	.	.	.	.	.	.
22. Without psychosis,	.	.	.	.	.	.	.	.	.	.	.	.
Total,	3	3	3	1	1	2	2	1	2	2	1	3
UNASCERTAINED.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
	1	1	2	1	1	2	1	1	2	1	1	2

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Principal Psychoses for the Year ending Sept. 30, 1920.*

PSYCHOSES.	TOTAL.			MONTHS.						YEARS.					
	Males.	Females.	Totals.	LESS THAN 1.			1-3.			4-7.			8-12.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
2. Senile, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
3. With cerebral arteriosclerosis, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
4. General paralysis, . . . . .	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4
5. With cerebral syphilis, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
9. Alcoholic, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
10. Due to drugs and other exogenous toxins, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases, . . . . .	2	3	5	2	3	5	2	3	5	2	3	5	2	3	5
13. Manic-depressive, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
14. Involution melancholia, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
15. Dementia precox, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
16. Paranoia or paranoid conditions, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
17. Epileptic psychoses, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
18. Psychoneuroses and neuroses, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
19. With psychopathic personality, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
20. With mental deficiency, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
21. Undiagnosed psychoses, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
22. Without psychosis, . . . . .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Total, . . . . .	11	10	21	8	9	17	2	2	4	1	1	2	1	1	2









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